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# ORIGINAL ARTICLES

## DIGITAL INSALIVATION AND ITS INFLUENCE IN THE SPREAD OF DISEASE.*

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The influence of personal habits on the communication of infection cannot be ignored so long as our present conception of a germ causation for diseases dangerous to health and life shall endure, and it is because of this fact, and of the inveterate frequency with which many persons practice the habit of visiting their mouths with their fingers in the course of their occupations or employments, that attention is now invited in this direction—in short let the more pretentious designation used in the heading of this paper be dropped and the statement made outright that the practice of finger licking is one of the commonest of the unseemly and harmful habits observed among human beings in their daily social and business intercourse.

Unlike the young of many of the lower animals, the human infant is born with no sense of cleanliness whatever, and unless taught otherwise by word and example, may remain deficient in this respect throughout life. With the partiality of children for sweets and their complete unconsciousness of what later becomes known to them as dirt, it is not to be wondered at that they should freely and commonly lick their fingers being innocent of possible sanitary danger in so doing, but surprise must be expressed at the numbers of grown people in all walks of life, many of whom are of apparent refinement and education, who either have not outgrown or have acquired this habit, so reprehensible from a medical standpoint as it is hoped will later be made convincingly clear.

Ordinary dirt has been defined simply as matter out of place, and to be removed from human contact and environment by customary well known methods, but plus such definition the physician and sanitarian must in the light of today take into account the infectious agents, the

*Read before the Medical Society of City Hospital Alumni, February 6, 1908.

specific organisms, which his experience teaches are found in close association with inorganic waste in contact with animal life—these specific elements being the organisms that cause tuberculosis, pneumonia, epidemic cerebro-spinal fever, syphilis, diphtheria, grippe, rabies, mumps, tonsilitis, etc.

In what follows I desire it to be fully understood that examples of delinquencies noted in this connection were not sought for but were observed as ordinary incidents of every day life, the fact, however, that the writer has of late been pressed into service in certain official positions that bear special reference to tuberculosis, and the manner of its spread among our population, having quickened attention and sharpened scrutiny; and, furthermore, it may be asserted that anyone who keeps his eyes open may witness similar occurrences as he moves about in the round of his daily business.

It will be granted at once that the wetting of clean fingers with sterile saliva has no known relation to the spread of disease, but in the promiscuous multitude of the indicated acts who shall decide when sterile conditions obtain! Moreover the ban of esthetics, if not of hygiene, has from earliest times rested on the secretions of the mouth as Herodotus mentions that to expectorate in the presence of anyone was regarded by the Persians as an indecent act, while today among modern peoples the deepest affront, expressive of contempt or insult toward another, is conveyed or suggested by the salivary secretion. And even in a moral sense high authority asserts that it is what comes out of the mouth that defiles and not what goes into it.

That which was formerly regarded perhaps as at most a harmless or unpleasant personal habit has now been shown to be fraught with morbid peril, and the fact of the conveyance of disease from person to person through infectious oral secretions has been abundantly confirmed by professional experience, laboratory findings, inoculation tests, and clinical demonstrations.

Let it be further conceded that the owners of fingers have the undoubted right to insalivate these members or otherwise use them as they please, provided always that they do not infringe the absolute right of their neighbor to freedom from infection thus conveyed. As the fingers are the members above all others whereby the individual person comes into touch with the human world around him the obligation thus resting on their owner is a binding one; and this argument is equally cogent when reversed for the enforcement of individual self-protection, as, granting the owner's freedom from present disease, he nevertheless stands in danger of self-inoculation by pathogenic germs borne to his own mouth by contaminated fingers ignorantly or incautiously applied thereto.

The human carriers of the infections that especially center in the mouth are no doubt often uninformed as to their capacity for harm, and, at times, heedless or reckless when such knowledge is

possessed; and, as even the keenest and most watchful medical eye may not be able to discern the existence of danger at the moment of a casual or transient meeting, hence the necessity for wariness, precaution and avoidance of acts and things reasonably capable of communicating infection. However, the citation of observed facts and incidents in this connection will be more useful and convincing than abstract consideration.

Of all the tangible things that come into human hands the one that most closely touches the universal life of mankind is money, currency, and of its usually unclean condition, and probable influence toward morbid mischief in both coin and bill, no argument is needed. That it seeks strange places of hiding and comes from queer sources need hardly be suggested, but in support of this let some personal experiences be recited.

A year or so ago the writer was speaking with the treasurer of one of the large local trust companies in the latter's office which commanded a view of the space where patrons filled out their slips and made deposits. A considerable proportion of the depositors present were women and the treasurer directed attention to the number of them who would bend forward and extract their money from some unseen place and then proceed to the proper window to complete their business. He was asked whether this was a matter of common occurrence and he replied that it certainly was. As in this crowd all sorts and conditions of women were fairly represented it may be safely assumed that the practices pointed out were in no wise exceptional.

Again, at the shop of a biscuit company in St. Louis, which carries on a large retail trade, the writer observed the habits of the crowds of customers, and also the manner in which the saleswomen conducted their part of the business.

The buyers were of the most miscellaneous sort from well dressed women to wenches in tattered garments, and here too in a number of instances it was observed that recourse for cash was had to the same secret recesses that were drawn on at the banking house. The saleswomen each received the money paid for supplies, often wetting their fingers in their mouths while handling the goods, wrapping packages and making change. One tuberculous looking saleswoman at times swept the inside of her mouth with her forefinger and then at once resumed her duties with complacency. The money of newsboys, bootblacks, street sweepers and scavengers was handled in the same fashion, while a large part of the stock of bread, cakes, etc., was exposed to the fingering of any one who chose to do so.

A Federal post office is a center for the gathering of the most diverse kinds of people, foreigners and others, who frequent it to buy stamps, register letters, secure money orders and the like. Having observed in a large city of this country what was going on in one

of these divisions, a letter was addressed to the postmaster dated October 17, 1907, as follows:

"My Dear Sir:

For a considerable time I have had occasion to notice, in the conduct of a part of the business of the postoffice, certain features which in my opinion are decidedly prejudicial to public health on the part of those employed to serve public needs.

I refer to the habit which a number of your stamp sellers have of perpetually licking their fingers while engaged in selling postage stamps.

They are constantly handling money of the dirtiest description when making sales, and their fingers almost invariably visit their mouths before passing out the stamps leaving a smear on the latter, which the buyers in probably seven cases out of ten moisten with their tongues before using.

This practice is as unseemly as it is dangerous for there can be no doubt that tuberculosis, syphilis, diphtheria and other diseases—possibly cancers—can be and are conveyed from person to person in this way.

Furthermore, I have observed that the worst offenders in this respect on your force are the most sickly looking—whether because of this habit I would not now undertake to say.

If no other means of correction avails it may be suggested that those who indulge this habit be required to wear muzzles during business hours so that their fingers cannot reach their mouths; for if not diseased themselves they nevertheless constitute a medium for conveying to others infections carried by the foul money they handle—which often comes directly from unspeakable places."

This letter was signed by an official of the State anti-tuberculosis society, and was acknowledged with thanks and a promise to apply a remedy, but notwithstanding this it is to be feared that little betterment has actually been brought about.

Less than one month after the date of this letter one of the regular employes in this service died, the cause being reported as pneumonia following grippe. The deceased was a confirmed offender in the line indicated, and whether he acquired these diseases through the practices mentioned, or to how many others he may have conveyed infection of course can never be told.

Postmen are among those subject to indictment for this offense as, with many of them, it seems impossible to deliver mail without first visiting their mouths with their fingers.

Conductors on railroads and trolley lines are almost notorious in respect of their inability to make change or give seat checks or transfer slips without first beslavering their fingers—almost suggesting to many persons the sanitary necessity of providing themselves with tongs to receive objects thus tendered. A feature that may be mentioned in this connection is the frequency with which women may be seen placing bills or coins between their lips. In the experience of the writer no man has ever been observed to practice this habit, the exercise of this form of taste being reserved to members of the fair sex.

As an illustration of the capacity of paper money to absorb and carry vile or noxious substances mention may here be made of facts re-

lated by a medical friend to the effect that at a former time when this country was having a fit of financial epilepsy, such as has been recently witnessed, he withdrew some money in rather large bills from the bank and placed them in a safe deposit box where they remained undisturbed for some time. When taken out the bills gave off such an offensive smell that special means of deodorization were employed before they were fit for use. Whether in this instance the germs of putrefaction were in association with specific organisms of disease was not determined, but such facts as these are very suggestive as it is known that tests made by the New York Research Laboratory disclosed a swarming multitude of live bacteria on paper of this sort.

Cashiers and bookkeepers, in business concerns large and small, clerks, canvassers and the like seem very generally addicted to this habit. Even waiters in respectable eating places have been seen to wet their fingers in their mouths when handing around fresh napkins.

Men of character and standing in the professions are also at fault, members of the legal fraternity professionally known to the writer as having experienced luetic infection being some of the confirmed offenders —one has been observed in the reading room of a large club and not a leaf of a book or magazine would be turned without fresh contact taking place between tongue and finger.

In order to show that discretion should be observed in efforts to bring about better things in this respect a single further experience will be mentioned. A few years ago while the writer was bound for a health resort distant about one day's ride from St. Louis, as the train neared its destination a hotel agent entered the car and began soliciting patronage for his house, one hand holding a quantity of cards and folders which were distributed with a perpetual play of fingers to his mouth. When he finally reached me I told him at once that I was a physician, was already provided with a stopping place, knew the town well and the diseases for which many people went there for treatment and suggested, if he would permit me to say so, that all things considered, I believed he would make a better impression on the traveling public if he would refrain from licking his fingers when handing out literature. He said little in reply but returned a rather hard look and passed on. A few hours later this man died with his boots on, being shot to death on the same train by an officer of the law while resisting arrest. It developed that he was a desperado who almost terrorized the town, provoking quarrels and slaying his opponent when at a disadvantage. The deep breath of relief that went up from the entire community when it was known that he was safely dead was significant. This deponent also breathed more freely.

Objection may be raised to the proposition that danger to the public lies in the habit of finger licking, as herein pointed out, on the plea that competent proof is lacking to show such morbid incidence, that the lineage of a certain disease from carrier to victim cannot be certainly

established. Admitting that this particular link in the chain of evidence remains unsupplied through present inadequacy of scientific means, it may be remarked that neither is it possible to follow the identical infectious particle of tuberculous sputum carried by the air into the lungs of a potential victim of that disease, but nevertheless the consensus of experience, observation, experiment and medical judgment overwhelmingly favors the view that the principal conveyance of tuberculosis occurs in that manner.

Next to promiscuous spitting in the case of consumption it may be safely affirmed that finger licking is the most influential factor in its spread, but the pernicious influence of the latter is much the wider as within its range are embraced the list of diseases before mentioned to which might be added still others that are less common.

If that which is minute may be measured against the mighty, if things terrestrial may be compared with things celestial it may be recalled that astronomy teaches that there are stars nightly seen in our skies which are so far away that no known means exist by which their distances can be determined—mathematical knowledge stopping short here, as a base line constituted of the diameter of the earth's orbit around the sun (approximating 180,000,000 miles) affords no parallax, or measurable angle, whereby their stupendous distances may be calculated. Still, the light of these distant suns shines on our earth, their radiance is such that it may fix the gaze of a child even, their influence is seen and known but to compute their distances is beyond all human power. Yet to state this is not to deny that the time may come when such an achievement may be possible, just as it may become possible for pathogeny to trace, measure and identify the course of specific infection from the carrier to the destined victim even to the ends of the earth.

But sane reason and sound judgment do not demand such completeness of proof before notice shall be taken of threatened peril, and intelligent preparation made to guard against its consequences.

The natural history and clinical features of a number of diseases are fully known but whose specific causes have never been identified, and from the body of knowledge common to the medical profession, the logical, reasonable, inexorable conclusion has been reached that the secretions of the mouth and throat of those often in seeming health constitute a formidable source of danger evidenced by specific forms that are known to and demonstrable by the science of today.

The total of 3195 deaths in St. Louis, shown by the United States census report for 1900, from measles, scarlet fever, whooping cough, diphtheria and croup, influenza, tuberculosis, meningitis, laryngitis, bronchitis, pneumonia and tonsilitis—all more or less communicable by the oral fluids—together with the unknown number of non-fatal cases, demand an accounting and explanation, a proportionate mortality no doubt obtaining in other American cities, and it would appear to be an entirely reasonable assumption resting on all the circumstances, to at-

tribute a large share in their prevalence to the pernicious and unseemly personal habit herein pointed out.

In view of the foregoing the following propositions are submitted:

The specific organisms of serious diseases may be present in the mouths of persons who apparently are in a fair state of health.

The secretions from the posterior nares, throat and mouth supply a vehicle whereby the transfer of such organisms to other persons and things is effected.

Next to promiscuous spitting, the practice of habitual insalivation of the fingers by those harboring such organisms affords the readiest means of conveying infection to others.

Healthy persons may infect themselves by germs carried by their fingers into their own mouths.

Money, papers, books and other articles that are constantly passing from hand to hand have been found to carry the active germs of infectious diseases.

Employes in official life addicted to this habit, and who in the performance of their duties as stamp sellers, postmen, money order clerks, etc., are necessarily in contact with the public, should be deprived of their positions as thereby constituting a menace to the general health.

While the licking of their fingers by children is often attended with serious risk of infection this danger is greatly increased by the practice of the same habit by such adults as come into touch and relation with the general public.

Sanitary and medical condemnation of the practice of finger licking rests upon the proven fact that the bacteria of many of the most virulent diseases are often abundantly present in the secretions of the human throat and mouth, even when no outward evidence of danger appears.

# INSANITY.*

BY G. WILSE ROBINSON, M. D., NEVADA, MO.

Insanity is a very broad term. It is applied to many varieties of mental derangements. The word comes from the Latin word *insanitas,* meaning unsoundness, and when applied to man, it means unsoundness of intellect. In some cases all of the faculties of the mind may be unsound, while in others there may be only unsoundness of the judgment, the reasoning faculty, or the will, etc. The insane man or woman has, to a greater or less degree, lost that property which distinguishes man from the lower animals, namely, the ability to think rationally.

Insanity is only a relative term, as there is no absolute sanity and no absolute insanity. According to some standards we are all more or less insane, and the reason most of us keep out of insane hospitals is because our sanity is of such a character that it does not interfere with the business and pleasure of others to a sufficient degree to cause us to be committed, and not because we are more sane than those who are in the hospitals.

Johnson says, "All power of fancy over reason is a degree of insanity. By this standard many poets, orators, political writers and speakers, some presidents, all professional gossips and many men and women in all walks of life are insane."

Many of the world's most eminent and useful members of society have been semi-insane, while many others have been on the borderland of insanity all their lives; among these semi-insane and borderland cases were many who were regarded as intellectual geniuses. Auguste Compte, a semi-insane French philosopher, says, "Madness is nothing else but great exaltation of the soul, and this great exaltation is necessary in order to do great things. He, only, enters into the temple of glory who has escaped the madhouse." Lucien Moreau says. "Equilibrium of the faculties does not, as a rule, lead to anything more than happy mediocrity. The tendencies of genius depress certain faculties and exalt others. There is in genius a certain neurotic element which gives it force and impulsion."

Time will permit of but a brief mention of some of the most noted semi-insane. Pascal from his earliest childhood could not go near water without being thrown into a fit of passion, saw visions all his life and died insane. The majority of Russian novelists of the nineteenth century, Gogol, Tolstoi, Garchine and Gorki, among others, were semi-insane. Many of the French intellectual superiors have all the symptoms of semi-insanity: Guy de Maupassant, Villemaine, Victor Hugo, Rosseau, Flaubert, Baudelaire, Zola, Balzac, Madame De Stael, Alexander Dumas, and many others. Among other noted semi-insane are classed:

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Schopenhauer, the great pessimist, Swift, the author, Hofman, the composer, Edgar Allen Poe, Thomas De Quincey, Haller, the celebrated physiologist, Newton, the astronomer, Zimmermann, Watt, Goethe, the poet, Frederick II., Schiller, the philosopher, Byron, the poet, and Swedenborg, the theosophist. Darwin suffered from serious neurasthenia. Very few great composers and musicians have escaped the taint of insanity. Among the worst cases are classed Schumann, Danzetti, Chopin, Richard Wagner, Mozart, Beethoven and Rossini.

Lombroso and Gelineau cite as having been epileptic: Moliere, Julius Caesar, Petrarch, Peter the Great, and his son, Mohammed, Swift, Richelieu, St. Paul, Hercules, Ajax, Empedocles, Merachis, Macbeth, Socrates, Newton, Schiller, Mozart, Wagner, Madame Malibram and Charles V. According to Lombroso, the list of great men who have committed suicide because of mental unsoundness is interminable.

Accepting the conclusions of the authorities who have investigated the diseased condition of these notables mentioned, you can readily see that all insane persons are not harmful, and useless members of society; but, on the contrary, many of the so-called lucid semi-insane and insane have been of much social value and have often made a marked difference in the literary and artistic progress of their century.

Insanity is not limited to any class nor time; but it is contemporary with the beginning of man, and is found in the homes of the rich, the poor, the high, the low, the wise and the fools.

While it is of very ancient origin, yet we of modern times see a greater percentage of the world's population insane than those of any other time. For this reason, if for no other, there should be a greater interest in the subject on the part of the people of our time than of any other. In our own country it is estimated that out of every 300 inhabitants one is either insane or feeble-minded, and this number is increasing at the rate of 4 per cent annually. These 285,000 people must be cared for at an estimated annual cost to the country of $85,000,000. Add to this the estimated producing power of this vast number that because of their disability must become non-producers, and we find that these conditions are costing us annually about $200,000,000. While this is a large item it is small as compared with the sorrow and sadness that is caused by these conditions. Husbands are bereft of their wives, wives of their husbands, children of fathers and mothers, brothers and sisters, fathers and mothers of sons and daughters.

This enormous cost in money and sorrow does not have to be paid in equal proportion by all our people, yet none of us can escape responsibility for payment of part of it. There is no county that does not feel the cost of keeping its insane wards, nor is there a community that has not one or more homes saddened because of the affliction of insanity. One of the great problems that is crying out to the American people, as well as the people of the whole world for solution is, How to decrease the spread of insanity.

I believe the solution of this problem is in an education of the people on the conditions and causes of insanity.

The question naturally arises in the minds of all thinking people: What is insanity, and in what manner does a so-called insane man differ from a so-called sane man? As stated above, insanity is not absolute but relative, so is the definition of insanity relative. Conduct that would be regarded as insane in one person would not be so regarded in another. Conduct that would be considered insane in one community would pass without comment in other communities where the standard of conduct differed. If a person acts and talks in a manner altogether different from what we would expect from one of his training and education we regard him as being deranged or insane.

Insanity is often spoken of as a mental disease. In my judgment there is no such thing as a mental disease. I do not regard the mind as a physical thing to become diseased. I am a believer in the dualistic philosophy which holds that man is a dual being and has two realities, a physical reality, which is his physical body, and a spiritual reality, which is his mind or soul. During the so-called life of the physical body certain relations exist between the physical brain and the mind, and during this association and co-existence the mind is limited in its perceptions and manifestations by brain structure and functions. I believe thought is a transmissive function of the brain and not a productive function, therefore, if the brain fails of development, the mind being unable to perceive and manifest itself, we have a condition of idiocy. I believe the idiot has a mind but it has been unable to develop because of the imperfect brain. The insane man has perverted thought processes, not because his mind is diseased, but because his brain for some reason cannot properly perform its functions and his mind cannot perceive or manifest itself normally with his diseased brain.

The brain of man is a wonderful piece of mechanism. It is estimated to contain nearly three billion of nerve cells. These cells with their processes are called neurones, and they are so related and associated that while they are not continuous one with another yet an impulse generated in one can be transmitted to many others. The most of these cells are arranged over the cortex of the brain and are anatomically and physiologically divided into groups. Physiologically they are divided into three main divisions or areas, called sensory and motor projection areas, intermediate or memory areas, and association or thought areas. The projection areas are those areas where end the nerve fibres which carry impressions into the brain from the outside, such as the sensation of sight and hearing; also the areas where originate the fibres that carry impressions from the brain out, such as motor impulses to muscles. The intermediate areas are the memory areas, and the association areas are those areas which the mind uses to synthetize percepts into concepts or for rational thought processes.

If any of these areas because of injury or disease are unable to properly perform their functions we have different symptoms depending upon the area diseased. If one or more of the sensory projection areas are diseased we have partial or complete loss of one or more sensations. If the motor projection areas are diseased we have partial or complete paralysis. If the intermediate areas are diseased we have partial or complete loss of memory. If the association areas are diseased we have partial or complete loss of thought process. We always have perverted functions of one or more of these brain areas in insanity. If the perversion is of the sensory areas the patient has hallucinations or illusions. The patient who has hallucinations sees and hears imaginary objects or sounds. The patient who has illusions sees objects and hears sounds and misinterprets them. Of course there are hallucinations and illusions of the sense of taste, smell, touch, pain, temperature, etc.

Delusions are erroneous ideas and the patient holding them cannot be convinced of their falsity. These delusions or false ideas may be of personality, the patient thinking he or she is some one else. If their delusions of personality are exalted they may think themselves God, Christ, the Virgin Mary, the president, a king or queen, or any other noted person whom they may fancy. If the delusions are of the depressed variety they are some very low personage, a thief, the devil or one of his angels. The delusions may be of orientation or place. They think they are some place other than where they are, such as thinking the hospital is their home, a palace, heaven or hell. The delusion may be of condition, such as thinking they are sick when well, or well when sick, rich when poor, or poor when rich. They may be of conduct, such as thinking themselves better than they are or much worse.

Few patients are insane on all subjects and at all times. Some have acute attacks of insanity and soon recover, some have what is called circular insanity. These patients pass from exaltation to depression, from depression to sanity and then pass after a while through another cycle. Others have recurrent insanity, and alternate between sanity and insanity. Some have relapsing insanity. These patients are always insane but at times are worse than at others.

Some are insane at all times on many subjects while they are sane on others. In the condition known as paranoia the patient is sane on all subjects but one and his insanity would never be discovered as long as he does not talk of the one subject on which he is insane. In melancholia the delusions of unworthiness and depression are always present during the course of the disease. In two of the most common forms of degenerative insanity, namely, senile dementia, or dementia of the old, and paretic dementia, or general paralysis of the insane, there is usually a gradual increase of the symptoms until death intervenes; although in these conditions there may be temporary improvements, or stationary stages.

Of course most of the insane are like the drunken, they think they are all right and the others are insane, but some realize their condition. One of the most insane girls at Hospital No. 3 asked a short time ago if she was not insane. To see what she would say I told her no. She said, "You know I am insane and hopelessly so." Some of the shrewdest, brightest, wittiest and most delightful people I have ever known have been patients in insane hospitals.

The causes of insanity, like the types, are very numerous. First in importance among the causes is heredity. In at least 70 per cent of all cases of insanity there is an hereditary taint. This heredity is not so much an inheritance of insanity as it is of an unstable, badly constructed nervous system. There are many variations of heredity. It may be similar or dissimilar. In similar heredity the ancestor and offspring are afflicted with a similar form of insanity. In dissimilar heredity the parent may be epileptic, alcoholic or diseased in some form other than insane, and the offspring insane. The heredity may be direct or collateral. If direct it is directly from parent to offspring. If collateral, the inheritance may be through an uncle, aunt, or otherwise. The grandparent may be insane, direct offspring healthy and the grandchildren insane. This form of heredity is called ativismus or the return to an ancestral type.

Second in importance to heredity as a cause of insanity stands alcoholism. Alcohol causes insanity in various ways. Berkley, writer and recognized authority on the subject says, "Alcoholism and heredity are so closely connected that it is almost impossible to separate them. Pronounced alcoholism in the parents always means examples of mental disease and weak-mindedness in the children, provided the alcoholic tendency is not acquired somewhat late in life."

Bourneville, a French physician, reports on 2554 children admitted to two hospitals in Paris, all suffering from epilepsy, idiocy, imbecility and hysteria. He found that 1053 were the offspring of drunken parents.

Darwin and Morrell have said that the families of drunkards do not descend beyond the fourth generation.

Poor cooking and bad food are frequently causes of insanity, causing malnutrition of the body and starvation of the nervous system. The cause of so much insanity among our farmers and farmers' wives, I believe, is largely owing to the monotony of their lives, coupled with hard work and exposure. Many of them work fourteen to sixteen hours per day, and take no time for reading or social intercourse, and the lack of mental recreation, together with excessive overdrafts on the nervous system and an insufficient amount of sleep, are apt to cause brain deterioration; and they are often old men and women and frequently insane before their youth has passed. Undue stress or strain put upon those having an unstable and badly constructed nervous organization in any walk in life will frequently result in mental breakdown. The excessive

use of tobacco, especially cigarette smoking, frequently causes or assists in causing insanity, as does tuberculosis and many other wasting diseases.

Blows upon the head by injuring the brain may cause insanity as will fright and other forms of psychical shock. Worry over business reverses, disappointment in love and great religious excitement are all more or less frequent causes of insanity.

The cause of insanity is, in most cases, a very simple proposition. If you have a bank account and draw out more rapidly than you deposit there will come a time when your checks will no longer be honored and you are financially bankrupt. Nature has deposited in her bank to the credit of each of us a certain amount of nerve energy, some have much; others, because of bad ancestry or disease, have very little. There are very few of us who have not enough to supply our legitimate needs, but none of us have so much but that if we are profligate of our accounts and waste our nerve energy by vicious habits or too hard a struggle for success, there will come a time when our account is prematurely exhausted. Nature no longer honors our checks for more and nervous bankruptcy is inevitable.

Another very important predisposing and exciting cause of insanity is our system of education. Children are entered in our schools according to age and driven from grade to grade. The physically weak and those having badly constructed nervous systems are often forced, by unwise teachers and more foolish parents, to make unreasonable demands upon their nervous energy and the result is nervous bankruptcy, and often an incurable premature dementia develops.

The surrender of the will and judgment to passion, with violent outbursts of temper often lead to insanity, as the ravings of such a person differ very little from the ravings of a maniac. The most important treatment of insanity is the preventive treatment. It can not be prevented in every case, but in very many cases, even of those greatly predisposed to insanity, it can be prevented. Every person owes a debt to posterity which he or she should be made to pay if unwilling to do so, and as heredity is a most important factor in the causation of insanity I belive as a protection to posterity the law should be more concerned about marriages. Those strongly predisposed to insanity and epileptics should not marry.

Chronic alcoholics are insane and should not be permitted to marry, but should be permanently confined, or confined until cured, in an institution.

All habitual criminals and those strongly predisposed to criminality, are insane and should be accorded the same treatment, namely, prevented from marrying and permanently confined in an institution for the criminal insane.

Those related by blood or those with similar physical defects should not marry, as these defects will be accentuated in their offspring. There

are a great many people with symptoms of degeneracy or with physical defects, called stigmata of degeneration, that, while they may be able to pass through life sane, there is a strong probability that one or more of their progeny will be insane. Such people should be prohibited from marrying.

Of course there are many good and sentimental people who will say such laws will take away our liberties; but it is as much the duty of the state to prevent the poisoning of our society by a large birth rate of criminals, drunkards and other defectives as it is the duty of the state to prevent the poisoning of the people with impure food.

The only way to prevent alcohol in its manifold ways from causing insanity is to educate the people against its excessive use; and to confine and treat the chronic alcoholics who are already insane.

I believe our farmers and their families should have more mental recreation and should work shorter hours. All work and no play not only makes Jack a dull boy, but in many cases his father, mother, brothers and sisters insane. They should have literary clubs and read more. The old-fashioned spelling bee and country debating societies are excellent preventives of insanity.

The food supply is very important both as to quality and preparation; and a more intelligent selection and preparation of food would result in a better nutrition of the nervous system, both of the growing child and the adult, and would thus reduce the amount of insanity.

Medical inspection of schools is being practiced in some sections of our country, advocated in others, and is being opposed by many well-meaning but short-sighted people. The benefits to be derived from an intelligent and careful medical supervision are manifold. The defective children could be searched out and classified, and teachers and parents made aware of their defects, to the end that they could be corrected, if possible, and at least not made worse by an unwise system of education, or by too much education. Some parents become very indignant if told that their children are defective and predisposed to insanity; but I believe it is best that they know it. I feel sure that all parents would rather their children have less education than to be educated into a madhouse, as so many of our children are.

I have referred to stress and strain and the struggle for success as causes of insanity. It does not matter how hard we work so we take plenty of time for recuperation. During mental and physical activity, as a result of the chemical changes in the body, certain chemical substances develop that are poisonous to the nervous system. These chemical compounds by their action on the nerve cells lower their irritability so that they respond less readily to stimulation. This begets in us a sensation of fatigue, and all our senses are less acute. Another factor that assists in causing fatigue is the using up during nerve activity of available nutrient material which the nerve cells need for the production of nerve energy.

If we continue our labors and do not heed nature's call for rest, these poisonous substances, together with an insufficient amount of nutrient material, very materially interferes with the nutrition of our nerve cells, and, after a time, their structure is permanently impaired; the cells degenerate and it is not unusual for an attack of starvation mania to develop; followed frequently by degenerative insanity. It is absolutely necessary as a safeguard against insanity that all of us spend enough time at rest and asleep that the poisonous compounds can be eliminated and the nerve cells can get a supply of nutrition on hands against the next onslaught which will be made upon them by our labors. As to how much sleep is needed, or how much time for rest, that depends upon the individual. Some can eliminate poisons readily, others slowly. The nerve cells of some recuperate more rapidly than others. It will take six hours for some, and twelve or more for others. Enough is all we need and short of enough is insufficient.

Judicial strenuosity is a good thing, but in my judgment there is too much of the fool and fool-making variety in our country just now, and a vigorous application of the brakes would be a very safe and sane policy.

Modern scientific and humane medical methods have made much progress in the curative treatment of insanity. It has not been a great many years since the insane were abhorred, confined in damp, unsanitary dungeons, chained and shackled, without treatment and without hope. I regret to say that even in this enlightened age, for the sake of saving a few dollars, there are some county judges and other citizens, even in the state of Missouri, who would be willing, and express themselves as desirous of taking their wards out of the insane hospitals and sending them to the very correctly named poor farms, that are, in many cases, but slight improvements over the ancient dungeons. If some people could have their way the treatment would be about the same. I am very thankful that an intelligent and humane public sentiment will not permit of such treatment being accorded them.

I have endeavored in the foregoing remarks to show that the insane patient is a sick patient, has a sick brain and should be treated accordingly, and shown the same consideration and sympathy that other sick people receive. The prejudice against, lack of sympathy for, and ridicule of the insane by certain people bespeaks very eloquently of the superstition and ignorance of those holding such views. Insane hospitals are hospitals for the treatment of patients, sick in a peculiar way. The people confined therein are patients there for treatment, and they are not criminals, loonies, lunatics or fools. The hospitals are hospitals in the correct anad broadest sense of the term, and not lunatic asylums, penitentiaries or boarding houses. Although I must confess that they are often so regarded and so conducted. There is a decrease of prejudice against them by a more intelligent public, but the prejudice is not dead.

Many patients are taken to insane hospitals by their friends, with the statement that they have kept them out as long as they could. The mistake they have made is in not taking them as soon as symptoms developed as every day an insane patient is without treatment or is improperly treated lessens his chances of recovery.

There should be no more prejudice against taking an insane patient to an insane hospital for treatment than there is against taking a patient suffering with appendicitis or any other surgical disease to a surgical hospital for surgical treatment, nor should there be any more stigma or disgrace attached to one patient than to another, nor should the door of opportunity be closed against one any more than against the other when they leave the hospitals restored. Despite the fact that there is some contrary testimony I know that insane patients can be and are being restored every day.

The public should be more fully informed of the work and needs of their insane hospitals by taking a more inquiring and intelligent interest in them. When their needs are known nothing should be withheld that will tend to increase their efficiency and make them more useful and scientific institutions for the care and restoration of the unfortunate sick who are sent to them for treatment.

The door of opportunity is, if not altogether closed against many of those patients in such hospitals, only slightly ajar, and is kept so by public prejudice. Many people are soon driven back to the hospital by public prejudice after being discharged as restored. There are many others who should be discharged, but because of the popular prejudice against them, cannot get a square deal outside and there is no home open to them but the hospital.

The unquestioned truth of these statements is a severe impeachment of our boasted Christianity and humanity. I have, however, unlimited confidence in the good sense and humanity of our people. Conditions are infinitely better than they were even one generation ago, and perhaps it will not be long before ignorance and his twin brother prejudice will be unknown, and intelligence, justice and humanity will rule us in our treatment of all.

# INFANTILE PARALYSIS (ACUTE ATROPHIC PARALYSIS, ACUTE ANTERIOR POLIO-MYELITIS).*

BY V. A. BLES, M. D., ST. LOUIS.

Of the many diseases to which young children may be subject one of the most important ones is the affection which furnishes the title for this medical sketch. The nature of the disease, the seemingly sudden and always acute onset of the attack, the general disturbance, followed by complete helplessness, which may be transient but from which after-effects are apt to remain for life, seem uncanny even to medical minds. And, to make matters worse, we find ourselves unable to throw much light on the origin of the affliction, neither can we hold out a very hopeful prognosis beyond saying, that, except in rare cases, life is not endangered.

*The Etiology:* The Etiology of this disease, most frequently called Infantile Paralysis, is obscure. It is thought to be, and probably is, a specific infection. The grounds for this belief are its epidemic character, the fact that there is nearly always a history of more or less severe initial constitutional disturbance and its appearance at certain times. For we know that about four-fifths of the cases come during the hot months of the year.

As shown by its name, the disease is essentially one of childhood or rather late infancy. By far the greater majority of cases occur before the fourth year. It also occurs in adults but then generally takes on a subacute or chronic form. One reason for its frequency in very young children may be that their nervous systems are either not yet completely developed or at least have not yet acquired the stability and tone which the adult nervous system possesses. It used to be thought, especially by the laity, that there is some connection between this disease and the process of teething, but this is not true and the fact that the disease occurs in summertime, when teething often causes serious constitutional disturbance and the system generally possesses small power of resistance, must be regarded as a coincidence.

It has also been asserted that trauma and exposure to cold may be exciting causes but their influence is probably limited to aggravating the constitutional disturbance.

Heredity is but a very unimportant factor beyond furnishing a general family tendency to catch almost any disease.

It is worthy of note that most of the cases, which would point to a definite etiological factor, occur in adults, that many of these cases are doubtful and are either entirely neuritic or mixed with neuritis. This refers also to cases in which alcohol is thought to be the direct cause. Very few of the infantile cases run any but the usual course of the disease and, of outside influences, excessive fatigue, as in a child who

*Read at the St. Louis Medical Society, January 18, 1908.

has played too hard, is about the only one which might bring about or hasten the onset of the disease. Lues is not counted as an etiological factor to this disease.

*The Pathology:* The pathologic process underlying the condition under discussion is indicated by the anatomic name of the disease. We have, then, to do with an inflammation of the grey matter of the anterior horns of the cord, but why this process should almost exclusively attack that region no one can tell. Sometimes, especially in the subacute adult cases, we find signs of peripheral nerve-affection, but this is subsidiary to the spinal process.

It can readily be seen that an inflammation of any severity might easily extend along the fibres of the intersticial connective tissue and this is often found to be the case and we may find some of the neighboring white tracts or meninges involved. In a short time, however, these by-symptoms disappear and the disease shows the true polio-myelitis type. We find extravasation of leucocytes, hemorrhagic infiltrations, granular corpuscles spread between and encroaching upon intact nerve-elements, in short: an intersticial inflammation. In other cases we find the degeneration limited to the motor cells alone, thus rendering the process one of true parenchymatous inflammation. One of the features of the disease is the fact that the initial paralysis is always much more extensive than the permanent condition and this is readily explained by the fact that the involvement is fortunately always so much greater than the actual destruction, so that many intact nerve-fibres, rendered useless at first by encroaching cloudy swelling, resume their tasks after the initial febrile state has subsided, and many muscles and several limbs may be involved, but only some groups remain permanently damaged. In old cases which came to autopsy the affected horns have always been found to be actually smaller than the sound ones and degeneration has been traced down the motor nerves. Sometimes the adjacent lateral columns have been found very slightly affected but the posterior columns never.

In the muscles the fibres are found to have degenerated and have become smaller, narrower, of less bulk, and of granular appearance. The bulk of the entire muscle is lessened by connective tissue having taken the place of the muscle fibres. This tissue finally contracts and we find then a mixture of atrophied and healthy fibres of which we will have more to say when speaking of electrical reactions. Rarely deposits of fat are found to have taken the place of the muscular tissues, so that an outward appearance of bulk is maintained. The bones become less developed and the affected limbs shortened.

We see, then, that the process is one of inflammation, but sometimes the onset is not only acute, but actually sudden, denoting the presence rather of a hemorrhage into the grey matter of the horns, following the usual course of hemorrhagic extravasation; clotting, degeneration, par-

tial absorption, increase of connective tissue and even the formation of cavities which have frequently been demonstrated by the microscope.

The resume of the pathology is that the true source of infection is not known, neither is the reason why a certain part of the cord is invariably involved and not another.

*The Symptoms:* When we remember the generic name of the disease, Acute Atrophic Paralysis, the character of the cardinal symptoms is immediately revealed. For they are acute in onset; they are those of dystrophy and are rapidly followed by a loss of motor power. There is nearly always a fever with its usual concomitants, headache, malaise, anorexia, sometimes even delirium. When slight, this state may be overlooked or forgotten or ascribed to simple gastric or intestinal disturbance and its connection with the subsequent paralysis be ignored.

The common history is for a child to play hard one day, feel tired and feverish at night and to be paralysed the next morning. Sometimes the febrile condition precedes the paralysis by several days and, in severe cases, it may continue after paralysis has set in, but ordinarily the disease follows the usual course of fever which clears up, then loss of power, extensive at first, but undergoing a great deal of improvement; then permanent after-effects. It must be remembered that when the fever is severe, the child is apt to be kept very quiet for some time, so that the loss of power may not be noticed until the child is well enough to sit up in bed. It would be wise for all practitioners to carefully watch and instruct the parents to watch for signs of lost motor power in children who, while apparently perfectly well, are stricken down with vomiting and fever, for a great deal of good can often be accomplished in the acute stage by the application of hot fomentations to the affected regions of the cord.

Sometimes we find convulsions, especially in very young children, and occasionally they are so frequent as to denote severe cerebral disturbance which may even cause deep coma and death within 36 or 48 hours. In adults when the attack commences subacutely we may have such cerebral symptoms as giddiness and diplopia. Or again we may find signs of meningitis accompanying those of the myelitis, causing initial rigidity and great pain in the back, which clear up quickly and disclose the true nature of the affection. Where there is much tenderness and pain in the limbs on motion and in rest we may be almost certain that a neuritis is going on coincidently and these are the cases which are almost invariably diagnosed and treated as inflammatory rheumatism.

The paralysis comes on rapidly, but varies much in its range. At first several limbs may be affected: both arms, both legs or three limbs. The trunk-muscles, neck-muscles, even those used in deglutition may be weakened, sometimes even the sphincters. Some of this clears up after a week or ten days and some idea can then be had of the amount of paralysis which will eventually remain, although improvement continues for some months. But we must not make our prognosis too hopeful as

there are but very few cases which do not show more or less permanent paralysis, atrophy and shortening.

The paralysis is a flaccid one and the muscles are soon without tone, while in two or three weeks wasting commences. The volume of the entire muscle is lessened, more or less distinctly as the child is thin or well covered with fat, until in some cases there seems hardly any muscle left.

This affection cannot be intelligently discussed without reference being made to the subject of electrical reaction, which is so important in the diagnosis and treatment. The atrophied muscles do not respond to faradism, neither do the motor nerves and this from actual nerve degeneration and those groups of muscle which are found to have lost electric irritability completely will remain permanently paralysed. Galvanic irritability which depends on the muscle fibres themselves is gradually lost as more and more fibres degenerate and ultimately disappear. What reaction is found is that of degeneration. In the partly paralysed muscles, if there be a sufficient number of healthy fibres, the reaction is lessened in quantity but remains the same in quality as normally and is increased and restored with the improvement in the muscles.

The deep reflexes, which depend upon the inherent muscular tone, are of necessity lost in the parts moved by the affected muscles. As in most cases there is some weakness of the large extensors of the leg, the knee-jerks are mostly lost, to return later on with the general improvement. In severe cases the lateral tracts may be involved, causing a paralysis which begins as a spastic one, with exaggerated reflexes, and ends as a true atrophic one after the inflammation has left the lateral tracts and confined itself to the anterior horns. The skin reflexes generally are diminished over the weak parts but soon become normal once more.

A little thought will make this disease one of the most easily understood affections of the nervous system. The infectious agent causes an inflammation which breaks into the motor paths and immediately causes loss of power. Then the mildly affected nerve-elements recuperate and some power is regained. But all power derived from permanently damaged cells is permanently lost.

*The Diagnosis:* This is generally quite easily made from the initial constitutional disturbance, followed by a paralysis which partly clears up, partly becomes permanent, flaccid in type, with changed electrical reactions, but undisturbed sensibility. In the beginning too much importance may be given to the gastric or intestinal symptoms or to the pain in the joints. When pains are not limited to joints, are spontaneous and unaffected by motion, some other affection than rheumatism must be thought of.

The chronic spinal affections, of course, differ in onset.

The disease might resemble an acute transverse myelitis, but only when it is unusually severe, bilateral and extends to the white tracts.

Here the age of the patient may help us, myelitis being rare in children. Then, poliomyelitis always attacks one of the spinal enlargements, transverse myelitis generally the dorsal region. In polio the symptoms quickly reach their height and then subside. In transverse myelitis they take much longer in reaching a climax and there is much more sensory disturbance.

The palsies of cerebral origin do not affect the electrical reactions. They are mostly spastic and the convulsions occurring at the onset are localized or unilateral, not universal as are those in a severe case of polio-myelitis.

The most frequent mistakes are made in believing the complaint to be a local affection, such as hip-joint disease or articular rheumatism. Here a careful examination will be sufficient as no actual paralysis, no loss of reflexes or changed electrical reactions will be found.

The diagnosis from multiple neuritis might cause difficulty on account of the loss of power, of knee-jerks and the reaction of degeneration in both and the fact that there may be pain and sensitiveness to the touch in early poliomyelitis. Still, multiple neuritis, although possible, is rare in children of the age at which they generally contract poliomyelitis. The acme is reached far more quickly in polio than in neuritis and the distribution of the neuritic affection is nearly always symmetrical. Then the fever, the exquisite tenderness of the affected nerves and regions to the touch, together with the pain on motion, are much more severe and prolonged in neuritis. In older people the presence of mental symptoms would rather point to neuritis, but it must be remembered that on one hand peripheral affections have been found concomitant with moliomyelitis and on the other hand have cases of multiple neuritis been complicated by spinal symptoms.

*The Prognosis:* The prognosis is good as regards life, but bad as regards complete recovery, for very few are the cases which do not show some permanent loss of power, some contractures or deformities. There may be danger to life if the initial constitutional disturbance is very severe, or when the cervical region is involved with interference of respiration. An intercurrent bronchitis may prove fatal when the trunk and respiratory muscles are involved. When the paralysis once rests there is little danger of its extending any further. As regards the extent of the permanent involvement (a question always most anxiously asked), no answer should be given before at least 7 to 10 days. Then the electrical examination will reveal the muscles which have lost farradic irritability and these will be permanently wasted. Even then it is much too early to predict how much improvement and how much permanent damage will result, but if at the end of three months much power is lost, recovery can be but slight. However, the presence of some little electric irritability indicates that the nerves are making an attempt at recovery. The Galvanic current stimulates the muscle fibres which are

intact, but which are kept from being exercised by the surrounding degenerated fibres. These can be strengthened and the limb restored to some degree of usefulness. We must always place before the child's relatives the probability of limbs becoming shortened or of the unantagonized muscles undergoing contractures with various kinds of deformities resulting.

*The Treatment:* In the beginning the treatment must be entirely general and at any time the treatment can only be symptomatic, as no specific remedy is known which will influence this unknown infectious agent.

If the true nature of the disease be detected in time hot applications to the spine may do much good. Cupping used to be indulged in on the grounds that the veins of the cord communicate with the post-spinal veins. Absolute rest, of course, and that preferably on the side, not squarely on the back. Calomel in small repeated doses as a derivative and such remedies as sod. salicyl. where there is a history of exposure to cold, or to counteract the infectious agent. Ergot and belladonna have been used, but, as the disease is to some extent a self-limited one, it is hard to say of just how much benefit they are. Rest should be carefully maintained after the acute stage has subsided, but relapses are extremely rare and this measure is most necessary if there is any tendency towards neuritis. After the acute stage a general convalescent treatment should be instituted; nutritious but light diet, tonics especially iron and quinine. Strychnine is of much value later on after the disease has become quite stationary and acts by increasing the tone of the nerve elements. Cod liver oil and iron are especially indicated where there are any signs of a rickety diathesis.

The question of electricity comes up sooner or later. Where nerve cells and fibres have been destroyed electricity is not only absolutely useless, but when the degenerative process is still active the use of electricity may augment it. When the nerve elements are only damaged and the muscle-force is only in abeyance, electric stimulation takes the place of voluntary impulse, exercising the muscle fibres and increases their contractility. The slightly damaged fibres are improved and the healthy ones are kept busy and the total result is increase in power. The difficulty lies in finding out just how much muscle is merely damaged, how much degenerated beyond repair and how much only wasted from lack of use. That is why electricity, continued beyond even reasonable length of times, still so frequently proves to be of benefit. It is only rarely that electricity causes so much pain as to force its discontinuance, but care should always be taken not to frighten a child by the application of too strong a current at first. A milder current applied more frequently will do just as much good. It should never be used before a month after the onset so as not to irritate the spinal cord.

I have found much good resulting from massage, preferably with

the hand smoothed with olive oil, following the course of the muscle. It increases the circulation which is always poor as shown by the cold blue skin. It also helps in keeping the muscles and tendons supple and preventing contractures. The extremities should be manipulated and the position of the joints corrected. No sitting up in bed before the back muscles are quite strong or curvatures will follow. No drawing up of the knees or the ham-string muscles will become contractured.

Later on mechanical contrivances must be thought of, but not until all improvement has ceased. They must be light and easily adjusted, according to what alterations or improvements in the shape or position of the limbs may occur and should be made only by expert mechanics. Gymnastics especially directed toward strengthening the weakened muscles are of great benefit and generally speaking this disease is one in which constant care and watchfulness, mechanical ingenuity, combined with common sense, will work wonders.

Metropolitan Building.

# INFANTILE INTUSSUSCEPTION.*

BY J. D. BRUMMALL, M. D., SALISBURY, MO.

Whenever a portion of the bowel slips into another part of the bowel we have an intussusception. The upper portion of the bowel usually slips into the lower, rarely does the lower slip into the upper. It may occur in either the large or small bowel. The most frequent variety is the ileo-cecal, where the ileum slips into the colon.

When we have a full and complete intussusception we have three walls of intestine lying side by side or overlapping each other, with mucous membrane to mucous membrane and serous membrane to serous membrane. When the upper bowel slips into the lower a constriction soon occurs at that point of the invagination and it remains stationary, the amount or length of the invagination being increased by the lower bowel slipping up over, or swallowing the invaginated portion or constriction, which may extend the entire length of the colon and the invagination be felt in the rectum or protrude through the anus.

The most important elements in the production of intussusception are paralysis or distention of the lower bowel with gas, or from irritation and disease, accompanied by spasmodic contractions of the circular muscular fibres of the bowel above, which when constricted, readily drop into the dilated bowel below; thinness or weakness of the walls of the bowel or irregular contractions may be contributing causes, as well as the disproportion of size between the ileum and cecum.

When the invagination occurs the mesentery will be drawn in with the bowel, the circulation will be very much impeded, especially the venous return. Swelling and edema will ensue. The tunics of the invaginated portion of bowel are infiltrated with bloody serum, active catarrh of the mucous membrane is established, the peritoneum becomes highly hyperemic and an abundant exudation is poured out.

Adhesion between the middle serous coats takes place, seldom between the mucous ones.

The compression of the mesenteric vessels may induce necrosis and sloughing of the invaginated portion and thus restore the continuity of the bowel, or cause an opening into the peritoneal cavity.

Intussusception is the most frequent cause of obstruction in children, yet the lumen of the bowel may not be entirely closed and liquid feaces be allowed to pass. The swelling and adhesion are strong factors in preventing reduction; the adhesions make it especially difficult after the fourth day, and may even prevent reduction in case of laparotomy.

Intussusception occurs more frequently in males. More than half of the cases occur during the first year of life, particularly from four to twelve months of age. The majority of cases occur in apparently healthy children.

*Read at the Fiftieth Annual Meeting, Jefferson City, May, 1907.

Obstruction and strangulation are the chief causes of symptoms. The general symptoms are those of shock. Marked prostration, pallor, anxious expression, muscular relaxation, cold extremities and cold perspiration and subnormal temperature.

Early we have restlessness or convulsions, later apathy, dullness, or semi-stupor. We have a sudden onset of the above with severe pain, there is no pain like it and there is a peculiar shriek with it; it is agonizing. It may become continuous or be intermittant. In the intermission, the little one may seem well and partake of food. The pain may cease before death owing to paralysis of nerve symptoms. It is located about the umbilicus and is accompanied with tenesmus, similar to acute dysentery but more severe and may result in paralysis of spincters, especially if intusssusception is low down.

Vomiting accompanies the pain from the onset, and runs through all stages up to feculant vomiting; nausea is oftentimes present and persistent without vomiting. Nothing will relieve either the neusea or vomiting.

Vomiting would indicate obstruction rather than strangulation, and depends upon the completeness of the obstruction, the amount of messentery invaginated and the degree of its compression. There may be one or two free evacuations from lower segment of bowel, followed by repeated evacuations of blood and mucus or pus. This may be mistaken for dysentery or diarrhea and deceive the physician; it should rather place him on his guard. We will have real hemorrhages in two-thirds of the cases, but if constipation is complete there will be no gas or feces pass.

Tympanites is rare, in fact bowels are usually flat and soft, especially for the first two or three days and when diarrhea is present. There may be some tympany if constipation is complete; it is not apt to be extensive unless there be some peritonitis.

Thirst is not as great as in other stomach or bowel troubles, and may be very slight.

The pulse is very weak and rapid. The temperature is subnormal and may continue so but will rise and may rise rapidly twenty-four hours preceding death.

A tumor is present in nearly all cases varying from the size of an egg to that of a child's arm. It is most frequently felt over the ascending and transverse colon, often at the descending colon and even in the rectum and through the anus, where it may be mistaken for prolapsus or hemmorrrhoids. It is smooth, moderately hard, of varying consistency, sausage shape, and is somewhat curved, with concavity toward the spine, and is freely movable. If the physician will make rectal examination and keep this condition in mind, he will seldom fail to recognize the trouble. Nearly all acute cases die in from three to five days if not relieved. If spontaneous reduction occurs the case is considered one of colic. By inflation and injection reduction may be accomplished within the first twenty-

four to forty-eight hours; not likely to after that time, owing to the adhesions.

In the use of either it is best to anesthetize the patient. Inflate with catheter and bellows, invert patient and manipulate the bowel at the time. Let tension of bowel be your guide as to amount of inflation. Continue inflation from fifteen to thirty minutes. When reduction occurs you will likely get a rumbling sound, a normal contour of abdomen, a change in expression and perhaps a gush of feces. You may have gotten reduction and none of the above symptoms, in which case you will insert catheter high to let air escape, palpate and judge by general symptoms. If you have failed try again in two or three hours, and follow inflation with injection, which you will use in the same manner as the inflation, using saline solution, milk or gruel. Use liquids hot for relaxing effect. Interrupt flow but maintain pressure. Symptoms of reduction with injection are not as pronounced as by inflation.

If it is an acute case and you have failed to reduce it with the above efforts, laparotomy should be performed at once. For the sooner it is operated the better the chance for recovery. If the patient has passed three or four days without symptoms of strangulation you may wait and use more effort at reduction.

When we have succeeded in reduction the symptoms may continue due to paralysis of bowel. If you succeed in getting reduction keep patient quiet and under an opiate for two or three days and on light diet; avoid cathartics. If you have a recurrence it is most likely to occur within twenty-four hours. If in all cases where we have sudden onset, severe or agonizing pain, persistent and uncontrollable vomiting or nausea, a soft and flat abdomen, and a tumor, with bloody passages and tenesmus, we should have intussusception in mind. We will find it, where we have heretofore failed, and many of our little sufferers will be relieved.

Now, gentlemen, I have not attempted to completely present the subject, but if I have presented it in such a manner as to impress the medical minds of Missouri so as to keep it before them, I know they will recognize it and many little sufferers will be relieved and saved to take their place among us, and the mission of this paper will have served its purpose.

# MEDICAL EDUCATION, PRELIMINARY AND PROFESSIONAL.*

BY H. E. DUNLOP, M. D., CANTON, MO.

To one who now makes a survey of education along all lines and compares its present status with that of three or four decades ago, the great advance must appear phenomenal. All fields of human endeavor have been touched as it were by a magic hand; and never before in the history of the race has such eagerness been shown for the acquisition of knowledge. It is not astonishing, then, that the medical profession should have been markedly impressed by this wave of reform, and have taken upon itself the responsibility to see that a man should be thoroughly prepared before being thrown upon a community in the capacity of its medical adviser. This awakening commenced in earnest more than twenty years ago until, from a condition of no preliminary preparation and two years of professional study, we now have almost universally a high school certificate and a four years' course as essentials. At least, we have these requirements on paper, as shown in the prospectuses of the several schools; but from the general illiteracy of hundreds of graduates annually turned out I should judge that the rigidity of the requirements is so lessened that it is doubtful if as good men, in the main, are produced now as twenty years ago. In former times, men went into medicine for the love of it and the standing it would give them if they proved to be competent practitioners and gentlemen. A preceptor was a necessity, and he saw to it, as a rule, that the applicant for study was of a good sort morally and mentally. Today, however, too many enter the portals of the profession expecting a snap and who are utterly unprepared for the responsibilities of so onerous a calling.

Having introduced the subject, I will first take up preliminary preparation. It is fair to say that there is not a vocation in the world which calls for so efficient preliminary training as that of medicine. At present, a so-called high school course is sufficient. Of course such a requirement is better than nothing, but in many instances it means little more. Some of these schools permit students to graduate just because they have put in the time and in a great number of instances the teachers themselves are notoriously deficient. Indeed, it is too bad that in a State so generous in its educational appropriations, the people should be so imposed upon by too many incompetent teachers. I once asked a young lady graduate if she had demonstrated the fifth proposition of the first book of Euclid. She said no, she hadn't studied Euclid. I said, "Can it be possible that you graduated from your high school with no knowledge of geometry." "Oh, yes, I studied geometry," she replied.

Then, the English that is used by some of these graduates is monstrous, showing inability or carelessness, or both, on the part of teachers

*Read at the Fiftieth Annual Meeting, Jefferson City, May, 1907.

and entire lack of ambition and pride in the student. No man should study medicine who cannot speak English correctly. Ours is deservedly a learned profession. But, oh my! what a travesty on learning many make it appear. If they can fool people as ignorant as themselves their desires would seem to be accomplished. To this class of pachyderms it is useless to talk, as only stringent rules will bring them to time. So, I say, we must see to it that applicants are sufficiently prepared before being allowed to matriculate. I might add, too, that a few lessons in general deportment might not be amiss as a factor in future success and character development. It might be asked me what I would consider just requirements for entrance examinations, as an amendment to the present act has lately increased them. In answer, they are still not high enough or sufficiently guarded as to their enforcement. My outline of a minimum requirement would be a certificate from a first grade high school such as will admit to the State University, the completion of the sophomore year at the State or other recognized university (the time being devoted to the elective studies of biology, chemistry, English, Latin, German and logic), and the presentation of a certificate of the completion of such a course to the State Board of Health to be passed upon. In this way no favoritism could be shown, the requirements would be fairly met and the medical colleges would be obliged to accept it as a minimum requirement. A few colleges now require this standard, and even higher. Of course the board could, if it desired, accept qualifications from any university of equal standing; or if a man could pass *equivalent examinations* at the university without attendance, he should be given that privilege. If such a preliminary curriculum were instituted and enforced we would not have the disgusting spectacle of recent graduates writing back to their professors of wonderful operations performed, the names of which they do not even spell correctly. Medicine has become a complex science. A man, to fathom and acquire a fair understanding of its intricacies, must have a good foundation upon which to build; the day having passed when one can use the plow and forge as a stepping stone to its mastery.

As to professional training, it should be as thorough as possible in all the branches. The great majority of schools require four years of from six to nine months each. The over-crowded condition of the profession makes a fifth year advisable and essential. There is now in the country one physician to every four hundred and fifty people, not counting the multitudes of irregulars that parade as osteopaths, christian scientists, magnetic healers, *et hoc genus omne*. Not only this, but the decrease in sickness must be considered. A few years ago contagious, infectious and miasmatic diseases were much more rife than now. The true physician has ever been the benefactor of mankind. All his work has been toward prophylaxis. His methods are given gratis to the people. He is constantly pushing from him the proffered emolument. This is right, and from the standpoint of humaneness, is as it should

be. But the doctor must live, must keep up a certain dignity, has books and expensive armamentarium to buy if he would give himself and his patients the best satisfaction. Now, all this means money and a good deal of it. We see that the number of patients is gradually decreasing. We cannot *increase* them. It follows, then, as the only solution, we are justified in taking means to reduce the output while we increase the quality of physicians. It is this superfluity of practitioners, too, which accounts for so much enmity not only in the rank and file but among the higher lights of the profession. I do not think I can be successfully contradicted when I say there are few communities in the United States where the physicians work in harmony. There are constant bickerings, back-bitings, jealousies, recriminations and actual hatreds. Perhaps it is only human that such a state of affairs should exist when each one is striving for his daily bread. A physician once said to me, "most of the time I could do all of the practice that is to be done in this place myself and not half try; still there are three of us, scarcely on speaking terms." This, proportionately, holds good to a greater or lesser degree in all places large and small. Most physicians have friendly humane streaks in them; by nature they are gregarious. What then keeps them apart but over-crowded conditions which breed enmity and ill will? Some may say, "we grant the profession is much over-crowded but many physicians do not wish to associate with men they know are not either their social or professional equals." This is undoubtedly true in many cases and therefore makes it more incumbent upon us to institute and enforce laws as above outlined. Even in the large cities it is very common to find eminent specialists, in the same line, the most rabid enemies. This, of course, is due to a baseless jealousy and should not be countenanced. Still, there are some men with whom it is absolutely impossible to be on good terms, however much one might strive. They are all smiles, smooth words and in for everything that is good while they are talking to you, but roast you unmercifully when you have gone. Fortunately the great law of compensation attends to such fellows so we don't need to bother our heads about them. A medical degree will not make a gentleman out of a scrub any more than you can make silk from cotton—no matter how much you mercerize, it remains but every day cotton. As an old adage has it, "you cannot make a silk purse out of a sow's ear." Let there be just enough physicians, and the greatest part of enmity and bickering will disappear. The manufacturing world points out a precedent for us in this respect in limiting the output of their goods to the requirements of the demand.

There are too many medical schools. There should be but one in the commonwealth of Missouri (instead of nearly as many as there are in the whole Russian Empire), and that in the largest center as the Medical Department of the State University. If Kansas City and St. Joseph must have medical schools to exploit their professional timber let them be of a post graduate nature. The professors will then be

helping instead of hindering the onward progress of their brethren. Some might object on the ground that one large school wouldn't do the work as well as several small ones. This objection could be overcome by section teaching and by a greater number of professional chairs, the occupants of which should be selected for their eminence in the special branches. It goes without saying that students are too often turned over to irresponsible and inexperienced assistants. Given such a school—its five years' study and the previously outlined preliminary requirements—and Missouri would rise to a professional grandeur unsurpassed in the world. Is not this "a consummation devoutly to be wished?" Of course, some professors would object, for selfish reasons, but the laws of progress are immutable and they must capitulate to the slogan "the greatest good to the greatest number." The extra professional year should be given up to clinics and the closer study of drugs and other therapeutic measures. It is a notorious fact that too many medical men are but slightly informed regarding the drugs they use. How many ever knew the habitat, the natural order or the botanical name of the plant? Years may make a man a little rusty along this line but he is all the broader and better for having known them. It is this lack that makes so many physicians routinists and prescribers of the wholesale nostrums put up by physicians' supply houses. These come to the doctor with the druggist's instructions as to their therapeutic indications and he uses them without a whimper. A physician should try to learn his patient's ailment by the aid of all scientific means at hand; he should know the physiological action of his drugs, or their active principles, and then he can intelligently prescribe. I think the profession, as a whole, is awakening to the evil this proprietary medicine business has caused in its ranks and that in a few years we will have little else presented to us than sera, pure chemicals and organic active principles. Where the latter cannot be isolated we will have the physiologically assayed extracts. It should rather fill us with chagrin when we realize the enormities of the impositions we have undergone at the hands of some even reputable pharmaceutical houses. The writer, being a practical pharmacist, has always had an aversion to proprietaries and therefore has never used more than three or four from the most reputable houses and whose formulæ were truthfully represented. Digestants *ad libitum* have been thrown at us that were not only incompatibles but absolutely inert. Is it not a reflection on the profession that there should be a demand for such things? The writer does not condemn every phamaceutical so put out, for there are some good ones absolutely true to formula, of decided therapeutic value and dispensed to please the palate in a way that the average druggist would fall short. All this is germane to medical study and should be impressed upon every undergraduate. In the study of medicine today there is too much of a tendency to overlook objective and subjective symptoms and to fly to the laboratory for the diagnosis. The body is looked upon as a manu-

factory and storehouse of pathological products, so we fly to the test tube and microscope to find the nature of the toxin and microbe. Do not think I underestimate these methods; far from it. They are essential; but I do decry their exclusiveness. We need, and should practice, all the aids to diagnosis. Aside from the points I have mentioned, the curricula of the best medical schools contain all essentials of study.

In closing my paper, I wish to digress to ask what good are the State laws against illicit practice and counter-prescribing unless they are *enforced?* There are few practitioners who will take the initiative against a guilty physician or druggist. There can be no prosecution without a complainant. So there you are. It is the author's opinion that there should be a State inspector to whom all irregularities should be reported; he could then appear on the scene to investigate, prosecute and adequately punish offenders. Physicians would probably be willing to stand a small annual tax to see that their interests are protected and all laws pertaining to them strictly enforced. To my mind there is no more noble, painstaking, long suffering and underpaid vocation in the world than that of medicine. I love the noble profession, I want to see her advance against the myriad quacks and charlatans. I want to see her ever grow in dignity and usefulness that people may see her still greater triumphs and that the Hippocratic oath may finally mean to us what it meant to its ancient promulgator.

# Journal
# Missouri State Medical Association

The Official Organ of the State Association and Affiliated County Societies.
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ADDRESS ALL COMMUNICATIONS TO METROPOLITAN BUILDING, ST. LOUIS, MO.

Volume IV. APRIL, 1908. Number 10

E. J. GOODWIN, M. D., Editor.

PUBLICATION COMMITTEE:

Walter B. Dorsett, Chairman. M. B. Clopton, M. C. Shelton.


## EDITORIAL

### THE SPRINGFIELD MEETING.

The annual meeting will convene in Springfield on May 19th, 20th and 21st. As usual, the first day will be wholly occupied in the consideration of the business affairs of the Association at the meetings of the House of Delegates and the Judicial Council. The second and third days will be devoted to the reading and discussion of papers. The preliminary program contains the titles of almost one hundred papers. It is doubtful if all these papers can be read and discussed in the time allotted, but it is gratifying to know that the interest in the coming meeting is so general as to call forth such a large number of contributions to the scientific program.

The following committees have been appointed by the Greene County Medical Society: Committee on Arrangements: Drs. J. E. Tefft, C. E. Fulton, W. P. Patterson, G. W. Barnes, O. L. Peak, Lee Cox, J. C. Matthews, W. C. James and W. A. Camp. Reception Committee: Drs. W. F. Terry, J. R. Boyd, W. M. Smith, Wm. Rienhoff, B. F. Fortner, C. E. Woody, D. B. Farnsworth, R. L. Pipkin, H. S. Hill, E. L. Evans, J. D. Oldham, H. J. Ruyle, M. H. Mayfield, U. F. Kerr and D. U. Sherman, all of Springfield.

The Colonial Hotel will be headquarters and the meetings of the House of Delegates and the Judicial Council will probably be held in the hotel parlors.

## INSPECTION OF BAKERY SHOPS.

The St. Louis Medical Society in its present state of excellent organization, has greater opportunities for broadening the sphere of influence of the medical profession of St. Louis than were ever before presented to it. We believe it will not fail, in the ultimate, to fulfill those objects for which, among others, it was organized, namely, "to make effective the opinions of the profession in all scientific, legislative, public health, material and social affairs, to the end that the profession may receive that respect and support within its own ranks and from the community to which its honorable history and great achievements entitle it;" yet we regret to observe that in respect to promoting the influence of the profession in "legislative, public health and material" affairs, there has been, lately, a noticeable lack of activity. Undoubtedly this inertia is more apparent than real; but in view of a decided tendency on the part of the daily press, recently manifest, to support measures which have the endorsement of the medical profession, such inaction might be interpreted as reflecting a spirit of indifference toward reforms which do not have their birth in the councils of the medical body, and have a deterrent effect upon the relations of an ally whose assistance is of the greatest possible influence in molding public opinion.

It has occasioned some surprise in us that recent developments in regard to conditions found in the bakeries in St. Louis, to cite a late instance, have not provoked a strong movement from the organized medical profession to remedy conditions which, if published accounts are true, constitute a menace to public health of far-reaching effect. We learn that an ordinance has been introduced in the Municipal Assembly, providing a scheme for the control of bakery and confectionery shops, but the entire enforcement of this ordinance is vested exclusively in the state factory inspector, thus relegating upon a state official duties which the charter of St. Louis distinctly delegates to the board of health. Now, the state factory inspector cannot render effective service in enforcing the provisions of a city ordinance, nor could he, having but one or two assistants, properly supervise the conduct of the numerous bakery and confectionery shops in St. Louis. The Board of Health, on the other hand, is a thoroughly organized body, with a corps of some fifty sanitary inspectors and employes specially fitted to execute its orders, and is clothed with authority to do certain specified things, among these being the "general supervision of the public health of the city and the enforcement of regulations, laws and ordinances in relation thereto." The proposed ordinance is faulty in respect to assigning certain duties to an authority other than the one named in the charter. Such a defection will at least cloud the validity of the ordinance and seriously interfere with its proper enforcement.

If our interpretation of this matter is correct, we believe the St. Louis Medical Society should become an aggressive party in opposing the passage of this ordinance, and should consult with the Board of Health in drafting a new ordinance to cover the requirements in such a way that they can be legally enforced. The daily press should be informed of the objections held by the medical profession to the bill now pending, and its assistance requested in securing the passage of the substitute.

(Since writing the above, we learn that the bill, as originally introduced, was killed in committee and that a new bill will be introduced by the health commissioner at the next meeting of the Council.)

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## THE ST. LOUIS SOCIETY FOR THE RELIEF AND PREVENTION OF TUBERCULOSIS.

The St. Louis Society for the Relief and Prevention of Tuberculosis has been highly complimented for its unique and effective methods of reaching the general public with the facts about tuberculosis and its prevention.

This Society has inaugurated something entirely new in the tuberculosis educational propaganda in its show window displays.

In December, 1906, an Exhibit of a Model Sick Room was shown at 408 N. Fourth street, which was complete in every detail and attracted a great deal of attention at that time. The purpose of this sick room was to show the public how advanced cases of tuberculosis could be treated in the home without endangering the family of the patient. Following the display of the sick room an exhibit of a Model Tent for incipient cases of tuberculosis was shown. This tent could be erected in the yard or on the roof of the patients' homes. The Society contends that with proper medical direction cases could be cured in St. Louis. To prove the Society's contention a young girl has occupied this tent all this winter, sleeping outdoors day and night in even the coldest weather, and has shown remarkable improvement.

During the summer of 1907 the Society gathered material for a small but very complete Tuberculosis Exhibit and on October 19th this exhibit was displayed in the show windows of the Wm. Barr Dry Goods Co., on Olive street, for one week. It attracted a great deal of attention here and so many people gathered in front of the show windows that the sidewalk was practically blockaded and the exhibit was moved to the show windows on Seventh street for the second week. Two large windows were devoted to the display on Seventh street.

During the winter the exhibit was shown at various places in churches,

halls, etc., in connection with lectures. Arrangements were made through the courtesy of the Scruggs-Vandervoort-Barney Dry Goods Co., to use the four Broadway windows of their old store at Broadway and Locust street, and the exhibit was displayed here for one month beginning February 24th. Thousands of persons viewed the exhibit in these windows during the month.

The exhibit was divided into three sections. First. "Tuberculosis is a Preventable Disease." This section occupied the corner window. In this section was displayed disinfectants and charts used by the City Health Department in fumigating houses. Pictures of dirty tenement yards and alleys, with a statement that a cleaner city would have a lower death rate and an appeal to all to work for a cleaner St. Louis. Pictures of houses and rooms where consumptives died with an explanation of how a consumptive can infect an old and dirty house by careless expectoration. Pictures of children in tenement houses and yards with an appeal to save them and a statement that every park and play ground, every new house built in the tenement district and the new public bath house, the work of the Pure Milk Commission, etc., would all help in the fight against tuberculosis. Pictures of new public school buildings and the municipal play grounds were shown. A picture of the new model tenement to be built in the tenement district was also displayed. A card showing pictures and newspaper clippings descriptive of the Society's Open-Air Campaign of Education during the summer of 1907 were also shown, samples of literature distributed in St. Louis and New York City were displayed and various "Don't Spit" signs and warnings were shown under the heading "Signs of the Times."

The second window devoted to Section Two, "Tuberculosis is a Communicable Disease," contained charts giving statistics of the death rate in St. Louis and elsewhere from consumption; pictures of dilapidated old tenements and bad housing, conditions that breed and spread tuberculosis, were also shown together with statistics of deaths in the tenement districts.

Two entire windows were devoted entirely to Section Three. "Tuberculosis is a Curable Disease." In this section were shown: Photos of the Missouri State Sanatorium for Consumptives; the new City Hospital in St. Louis; the Sea Breeze Hospital for Children, in New York, and pictures of child victims of the "Great White Plague." In the adjoining window was shown a Model Tent for the home treatment of incipient tuberculosis. In this window were also displayed pictures of patients living outdoors; a list of dispensaries and hospitals for the treatment of consumptives; and leaves from a patient's note book showing her remarkable improvement were also shown. On the floor of each

show window were displayed pamphlets and books upon consumption together with many cards upon which were painted pertinent sentences, such as the following: "We are fighting consumption, not consumptives." "If you know of a poor consumptive tell us, perhaps we can help him." "Consumption is curable if taken early. Do not neglect a cough." "How would you like to be treated as you treat some poor consumptives." "A consumptive is not dangerous. His dried spit is dangerous. Destroy all spit and there will be less consumption." "Cleanliness first, last and all the time."

The display of the exhibit in this show window attracted much favorable comment from physicians and laymen. It is believed that favorable results will be accomplished in the next few years in a decreased death rate as a result of the Society's educational campaign.

Letters have been received from other anti-tuberculosis organizations inquiring for facts about this display.

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The spring meeting of the Southwest Missouri Medical Society will be held in Springfield, on Thursday and Friday, April 23rd and 24th, 1908, at 10 A. M.

Topics of great interest and value to physicians will be presented and each member of the society is earnestly requested and urged to be present and participate in the discussion of all subjects.

# IN MEMORIAM.

## CHARLES JORDAN ORR, M. D.

Charles Jordan Orr, Doctor of Medicine, was born in Louisiana, Pike County, Missouri, September 25, 1866, and died in St. Louis March 28, 1908. His parents, William Campbell Orr and Eliza Jordan Orr, were substantial members of their community. His father in his earlier life was a contractor, but in his latter years has devoted himself to farming. Dr. Orr received his preliminary training in the grammar and high schools of Louisiana. In 1885 he came to Saint Louis and in September, 1888, matriculated at the Saint Louis Medical College (now the Medical Department of Washington University), from which he graduated March 12, 1891. He became a contestant in the annual competitive examination for the position of interne at the Saint Louis City and Female Hospitals. His grade was such that he was awarded an interneship in the City Hospital, a position reserved for the group of men ranking highest in the entrance examinations. He served in the Hospital during the year 1891-1892. From the Hospital he passed immediately to private practice in which he was actively and successfully engaged up to his last illness.

In October, 1896, he married Mary A. Caldwell, who, with a son, Isaac Caldwell, and a daughter, Isabel, survives him.

During the years 1892-1898 Dr. Orr was chief of the clinic for diseases of the nose and throat in the O'Fallon Dispensary of the Medical College. It is a matter of considerable interest that though the drift of his work tended strongly toward the nose and throat and a very attractive clientele gathered along this line, yet it was a well known fact that the broader and more vital problems of internal medicine always claimed his keen preference and held his unflagging interest.

During the last twelve years the Missouri Baptist Sanitarium was honored by having him as an active member of its staff of physicians. Two years ago he was elected as chief of the staff, which position he retained up to the day of his death.

In his essentially unobtrusive fashion, Dr. Orr interested himself in the work of the medical profession as developed in medical societies. He was president of the Medical Society of the City Hospital Alumni in 1900, vice-president of the Missouri State Medical Association in 1906-1907, treasurer of the St. Louis Medical Society May, 1905, to December, 1907, and member of the Council of the St. Louis Medical Society at the time of his death; a member, also, of the American Medical Association.

For some years prior to his death Dr. Orr was aware of the existence of a tubercular infection in his left apex. This had, however,

become quiescent, and, it was hoped, permanently. But more or less definite symptoms of flagging health in the latter part of 1907 and the early weeks of 1908 gave warning that all was not well. On January 22nd he left his work and went to bed a sick man, with disseminated pulmonary infiltrations that simulated pneumonia. With the passing of the days the hope that pneumonia was the existing condition grew fainter and the evidence that an acute tubercular infection, secondary to the sometime quiescent apex, was in active conflagration. During a period of twenty-five to thirty days a diurnal temperature of 105 F. was attained. Surely not in many years in the local profession has such widespread interest been aroused in a contest,—the aggressive, pertinacious contest, that our dear friend and colleague waged against his foe. On the street, in clinics, by the operating table, the question was heard again and again,—what is the news to-day of Dr. Orr. The slightest gain was hailed with delight, tidings of ill omen received with regret, while throughout the weeks of anxiety a genuine fraternal sympathy was strongly in evidence. It was hoped that sufficient gain might be won that would warrant a transfer to some bland southern spot where rest and recuperation would be secured. The patient coöperated most fully in the line of treatment laid down by his attending colleagues, notably in the plan of feeding.

It was observed that even in the days of delirium, when a period of consciousness occurred, that he would demand food. His contest for life, for his family's sake, won the heartiest sympathy and admiration. The end came March 28.

So modest, so unobtrusive was this successful physician, this Christian gentleman, that to many he was but a quiet man who serenely in his daily task, companionable in his intercourse with men, and courteous in demeanor, was but conforming to and in no essential differing from a thousand and one others of the same type. But the more discriminating few who had the good fortune of really knowing the man, a richer concept of his intrinsic worth was vouchsafed.

With full cognizance of the issue at stake and the odds against which he so signally fought, his last illness was characterized by obedience to orders, calmness of judgment, loving solicitude for his family, and, underlying all, a strong faith that his Master would do all things well.

Death worketh,
  Let me work too;
Death undoeth,
  Let me do.
Busy as death my work I ply,
'Till I rest in the rest of eternity.

Time worketh,
  Let me work too;
Time undoeth,
  Let me do.
Busy as time my work I ply,
'Till I rest in the rest of eternity.

Sin worketh,
Let me work too;
Sin undoeth,
Let me do.
Busy as sin my work I ply,
'Till I rest in the rest of eternity.

So lived and so died Charles Jordan Orr. The gap in the ranks is not yet filled, the pathos of it all is yet upon us,—he was faithful unto death;—but the work must be done, though a worker falls. He has not lived in vain,—we gird ourselves anew, and press forward.

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## A TRIBUTE OF RESPECT AND LOVE TO THE MEMORY OF PROF. NICHOLAS SENN, M. D., OF CHICAGO. BY ONE OF HIS PERSONAL FRIENDS, C. W. WATTS, M. D., OF FAYETTE, MO.

Prof. Nicholas Senn, M. D., LL. D., died in Chicago, Ill., on Thursday, January 2nd, 1908, of heart disease of only two weeks' duration. The malady was thought to have resulted from the high altitudes of South American mountains, during a recent trip made by him to that continent in one of his many visits to foreign lands in behalf of his noble profession in quest of the latest light on those diseases that our nation is fighting.

Dr. Senn was born in Busch, Canton of St. Gall, Switzerland, October 31, 1844, and came to America with his parents in 1853. He was graduated from the Chicago College of Medicine in 1868, and from the University of Munich in 1878. After practicing in Fond du Lac and Milwaukee, Wis., he moved to Chicago. In 1893 he was appointed Surgeon General of the Illinois National Guard. In May, 1898, he was made Chief Surgeon of the 6th Army Corps with the rank of Lieutenant Colonel of the United States Volunteers, and was chief of the operating staff in the field until September. Of his valuable services on the battlefields of Cuba and Spain every American surgeon is fully conversant. His rule of aseptic first dressings has gained for him a world-wide fame. He gave us in a small volume his experience of the various gunshot wounds that stands without an equal in surgical history. His free use of the best antiseptics opened up a new field, and every successful surgeon of to-day is following in the path he marked out so plainly.

Dr. Senn was Professor of Surgery in Rush Medical College, and at the many hospitals of Chicago, for years, and many physicians and surgeons of this county and state, and from Maine to Florida have enjoyed his personal instruction as well as witnessed his wonderful and successful operations in hospitals and at his various clinics.

We do no intentional injury to the character and reputation of any living or departed surgeon in America when we assert that Dr. Senn had no superior and but few equals in our noble profession. As a teacher, operator and writer he was to America what Koch was to Europe, whose

theory he embraced and practiced in a modified form. In 1891 he published his "Principles of Surgery," in which he taught and proved the regeneration of tissues, and that all forms of pus were foreign to the intention of the healing processes of nature; he also taught that incised wounds, if correctly treated, should heal without suppuration and by first intention, and that lacerated, punctured and contused wounds, if practicable, should be converted into incised wounds and treated as such. He tore off the mask that had so long blinded the profession as regards certain minutiæ and exploded many false and erroneous theories by his brave success and the proofs he furnished by practical demonstrations on the living subject. His later works were on the joints and tuberculosis of the genito-urinary system; and his last work on practical surgery, a book of 1133 pages issued in 1901, stands without an equal on this continent. It is not only the leading text-book in America, but it is used across the water in the best colleges and universities.

His books of travels in Russia, Japan, Austria and many other countries, mark him as an author interesting and sensible. His life shows him to have been a practical Christian and a great friend of the poor and afflicted. He was the erudite scholar, the popular and successful teacher, the unsurpassed operator, the eminent author and, last but not least, the true and safe pioneer of modern surgery in America.

As a friend to the wide-awake doctor he had no superior. Our library has a complete set of all his works and many of his reprints, and we have enjoyed a monthly correspondence with him extending back for years, and have been helped out of many difficulties in diagnosis and treatment.

Who can estimate the value of such an unselfish life? Who can realize the loss to our profession?

Rest in peace, thou hero of American Surgery!

# FIFTY-FIRST ANNUAL MEETING, SPRINGFIELD, MAY 19-21, 1908.

## PRELIMINARY PROGRAM.

### Medical Section.

Noah Adams.....Kansas City
"The Care and Treatment of Nasal Rhinitis."

John Ashley.....Bloomfield
"Malpractice From the Doctor's Standpoint."

W. R. Beatie.....Marshfield
"Chronic Gastritis."

E. G. Beers.....Springfield
"The Doctor in Politics; or, His Civic Responsibilities."

T. N. Bogart.....Excelsior Springs
"Diabetes Mellitus."

W. L. Brosius.....Gallatin
"Conservatism in Medicine."

Tinsley Brown.....Hamilton
"Pneumonia."

J. W. Clark.....Carterville
"Echinacea Angustifolia."

W. A. Clark.....Jefferson City
"The Interpretation and Treatment of Headache."

W. G. Cowan.....Sedalia
"Irrational Use of Drugs in the Treatment of Disease."

P. Donohoo.....Joplin
"Leukemia."

J. J. Ferrell.....Owensville
"Acute Articular Rheumatism; Its Cause, Mode of Infection and Treatment."

F. W. Froehling.....Kansas City
"Clinical and Experimental Experience in the Dietary Treatment of Hyperchlorhydria."

Geo. W. Goins.....Breckenridge
"Cerebro-Spinal Meningitis."

S. A. Johnson.....Nevada
"The Present Stand and Thought Regarding Opsonins."

A. W. McAlester, Jr.....Kansas City
"The Application of Tuberculin to the Eye as a Means of Diagnosis of Tuberculosis."

J. A. McComb.....Lebanon
"The State's Responsibility to Its Citizens; From a Medical Standpoint."

W. A. McKelvey.....Minden Mines
"Therapeutics."

Ira A. Marshall.....Ironton
"Treatment of Rheumatism."

Franklin E. Murphy.....Kansas City
"Angina Pectoris."

Jesse S. Myer.....St. Louis
"Examination of the Feces as a Routine Procedure."

J. L. Ormsbee.....Springfield
"The Physician's Relation to the Pharmacist, Practically Considered."

O. L. Peak.....Springfield
"The Passing of an Old Therapy."

G. Wilse Robinson.....Nevada
"Prophylaxis of Insanity."

E. H. Schorer.....Columbia
"Early Diagnosis of Tuberculosis and Use of Tuberculin in Diagnosis and Treatment."

Chas. Shattinger.....St. Louis
"The Treatment of Visceral Ptosis by Respiratory Exercises."

J. S. Triplett.....Harrisonville
"Endocarditis."

Fenton B. Turck.....Chicago
"Feeding Experiments on Animals Applied in Surgery and Internal Medicine."

A. H. Vandivert.....Bethany
"Sanitation of Churches, Public Halls and Assembly Rooms."

L. M. Warfield.....St. Louis
"Recent Tuberculin Tests: Their Importance for the General Practitioner."

C. W. Watts.....Fayette
"Ethics."

G. W. Whitely.....Albany
"Therapeutics and Its Relation to the Practitioner."

C. R. Woodson.....St. Joseph
"Syphilis of the Central Nervous System."

B. H. Zwart.....Kansas City
"Myocardial Degeneration; Prophylaxis."

**Symposium on Tuberculosis.**

E. W. Schauffler.....Kansas City
"Care of the Consumptive."

T. F. Lockwood.....Butler
"Public Education Against Tuberculous Invasion."

A. W. McAlester.....Columbia
"Universities and Colleges as Factors in the Educational Campaign."

A. H. Hamel.....DeSoto
"The Responsibility of the Board of Health."

H. Wheeler Bond.....St. Louis
"Methods in Force and Proposed Methods in St. Louis."

O. H. Brown.....Mt. Vernon
"Reports from the State Sanatorium for Incipient Tuberculosis."

Solon Cameron.....St. Louis
"Clinical Reports from Mt. St. Rose."

**Surgical Section.**

Nathaniel Allison.....St. Louis
"Congenital Dislocation of the Hip."

R. F. Amyx.....St. Louis
"Report of Case of Non-Malignant Stenosis of Pylorus of Two Years' Duration—Posterior Gastro-Enterostomy—Death Due to Reverse Peristalsis."

Edmund A. Babler.....St. Louis
"The Danger of Permitting Warts and Moles to Grow, Lest they Become Malignant: With Report of Twenty-five Illustrative Cases from the St. Louis Skin and Cancer Hospital."

J. N. Barger.....Darlington
"The Preparatory and After-Treatment of Surgical Cases."

Willard Bartlett.....St. Louis
"Personal Experience in the After-Treatment of Surgical Cases."

T. J. Beattie.....Kansas City
Title not announced.

G. Wiley Broome.....St. Louis
"Dr. Nicholas Senn: His Life and Character."

C. E. Burford.....St. Louis
Title not announced.

O. Beverly Campbell.....St. Joseph
Title not announced.

N. B. Carson.....St. Louis
"Cancer of the Rectum."

Malvern B. Clopton.....St. Louis
"Typhoid Perforation."

A. H. Cordier.....Kansas City
"Some Clinical, Pathologic and Surgical Phases of Stones in the Kidneys."

H. S. Crossen.....St. Louis
Title not announced.

H. C. Dalton.....St. Louis
"Rupture of the Bladder."

W. B. Deffenbaugh.....St. Joseph
"Treatment of Fractures of the Shaft of the Femur."

Orville H. Dove.....Kansas City
"Gall Stone Disease."

J. W. Dreyfus.....Louisiana
"Distinctive Features of Railroad Surgery that Peculiarize this Class of Injuries."

Hal. Foster.....Kansas City
"The Removal of Bodies From the Respiratory Tract and Esophagus by the Bronchoscope: With Report of Cases."

W. J. Frick.....Kansas City
Title not announced.

Chester E. Fulton.....Springfield
"Stricture of the Esophagus."

G. W. Gale, Jr.....St. Louis
Title not announced.

Jacob Geiger.....St. Joseph
"Hypernephroma."

J. D. Griffith.....Kansas City
"Subserous Hernia of the Abdominal Wall."

Arthur E. Hertzler.....Kansas City
"The Technic of Hysterectomy."

Howard Hill.....Kansas City
Title not announced.

Frank Hinchey.....St. Louis
"Eversion of the Uterus, with Expulsion of a Large Fibromyoma."

Jabez N. Jackson.....Kansas City
Title not announced.

Ernest Jonas.....St. Louis
Title not announced.

R. Emmett Kane.....St. Louis
Title not announced.

Walter C. G. Kirchner.....St. Louis
"Infections of the Knee Joint and Treatment."

Bransford Lewis.....St. Louis
Title not announced.

Frank J. Lutz.....St. Louis
"Empyema."

Ernest G. Mark.....Kansas City
Title not announced.

Fritz J. Moenninghoff.....Kansas City
"A Brief Consideration of Post-Operative Gas Distention of the Abdomen; With Suggestions for Prevention."

C. C. Morris.....St. Louis
"Modern Operations for the Radical Cure of Hernia."

Frank G. Nifong.....Columbia
"Differential Diagnosis Between Floating Kidney and Hydrops of the Gall Bladder."

Geo. B. Norberg.....Kansas City
Title not announced.

W. B. Outten.....St. Louis
"What is the Significance of Gaseous Products When Found in Contused and Lacerated Wounds?"

Louis Rassieur.....St. Louis
"Tuberculous Lymph-Adenitis of the Mesenteric Lymph-Nodes."

Francis Reder.....St. Louis
"Remarks on Intestinal Anastomosis."

J. T. Reiley.....West Plains
"Burn and Treatment."

Wm. Rienhoff.....Springfield
Title not announced.

C. F. Roberts.....Kansas City
"Bladder Drainage."

Ernest F. Robinson.....Kansas City
"Divulsion of the Scalp and Other Severe Scalp Injuries."

St. Elmo Sanders.....Kansas City
"A Modification in the Technique of Abdominal Supra-Vaginal Hysterectomy."

John D. Seba.....Bland
"Personal Experience in Gun-Shot Wounds."

M. G. Seelig.....St. Louis
Title not announced.

William A. Shelton.....Kansas City
"Treatment of Fractures Adjacent to Joints: With Report of Cases."

W. S. Shirk.....Sedalia
"Appendicitis."

Edward H. Skinner.....Kansas City
Title not announced.

W. H. Stauffer.....St. Louis
"The Operative Treatment of Hemorrhoids."

W. R. Stickland.....Rockport
Title not announced.

Frank Joseph Tainter.....St. Charles
"Pyloric Spasms."

N. F. Terry.....Springfield
"The Present Status of the Treatment of Cancer."

Luther A. Todd.....St. Joseph
Title not announced.

W. S. Wiatt.....E. St. Louis
"The Treatment of Diffuse Septic Peritonitis."

W. H. Wiley.....Ridgeway
"Surgery in a Country Practice."

Llewellyn Williamson.....St. Louis
"Excision of the Lachrymal Sac as a Radical Cure for Chronic Inflammatory Processes Thereof."
Leo. W. Wright.....Lowry City
"Importance of Early Surgical Interference of Tumors of the Breast."

**Symposium on Gall Stone Diseases.**

Pathology: Willard Bartlett.....St. Louis
Symptoms: Roland Hill.....St. Louis
Remote Consequences: Jno. C. Morfit.....St. Louis
Treatment: C. M. Nicholson.....St. Louis

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## DELEGATES TO THE FIFTY-FIRST ANNUAL MEETING, SPRINGFIELD, MAY 19, 20, 21, 1908.

| COUNTY. | DELEGATE. | ADDRESS. |
|---|---|---|
| Andrew | E. C. Bennett | Bolckow. |
| Audrain | R. W. Berry | Mexico. |
| Barry | A. S. Hawkins | Monett. |
| Alternate | D. E. Miller | Monett. |
| Barton | T. H. Duckett | Milford. |
| Bates | H. A. Rhodes | Foster. |
| Boone | A. R. McComas | Sturgeon. |
| Buchanan | P. I. Leonard | St. Joseph. |
| | L. A. Todd | St. Joseph. |
| Alternates | C. A. Good | St. Joseph. |
| | W. J. McGill | St. Joseph. |
| Butler | Victor Cadwell | Poplar Bluff. |
| Alternate | J. J. Norwine | Poplar Bluff. |
| Caldwell | W. T. Lindley | Hamilton. |
| Callaway | P. E. Williams | Fulton. |
| Cape Girardeau | H. L. Cunningham | Cape Girardeau. |
| Carroll | R. F. Cook | Carrollton. |
| Carter-Shannon | Wm. Fulton | Winona. |
| Cass | A. R. Elder | Harrisonville. |
| Alternate | W. F. Chaffin | Raymore. |
| Chariton | C. H. Temple | Rockford. |
| Alternate | M. B. Austin | Brunswick. |
| Clark | Frank B. Hiller | Kahoka. |
| Clay | J. H. Rothwell | Liberty. |
| Cole | J. L. Thorpe | Jefferson City. |
| Cooper | A. L. Meredith | Wooldridge. |
| Daviess | W. L. Brosius | Gallatin. |
| DeKalb | E. R. Stroup | Weatherby. |

| COUNTY. | DELEGATE. | ADDRESS. |
|---|---|---|
| Franklin | A. C. Brown | Moselle. |
| Alternate | J. P. Dunnigan | Sullivan. |
| Gasconade-Maries-Osage | John J. Ferrell | Owensville. |
| Gentry | J. W. Conrad | Albany. |
| Alternate | J. H. Barger | Darlington. |
| Greene | C. E. Fulton | Springfield. |
| Grundy | D. W. Coon | Trenton. |
| Harrison | G. E. Gwinn | Bethany. |
| Alternate | F. H. Broyles | Bethany. |
| Henry | J. R. Compton | Clinton. |
| Holt | B. T. Quigley | Mound City. |
| Alternate | W. C. Proud | Oregon. |
| Howard | V. Q. Bonham | New Franklin. |
| Alternate | U. S. Wright | Fayette. |
| Howell | J. W. Bingham | Pottersville. |
| Iron | John Q. Adams | Belleview. |
| Jackson | Eugene Carbaugh | Kansas City. |
| | A. H. Cordier | Kansas City. |
| | O. H. Dove | Kansas City. |
| | C. Lester Hall | Kansas City. |
| | Jabez N. Jackson | Kansas City. |
| | J. P. Kanoky | Kansas City. |
| | R. T. Sloan | Kansas City. |
| Jasper | J. D. Pifer | Joplin. |
| Alternate | Wm. H. Lanyon | Joplin. |
| Jefferson | A. H. Hamel | DeSoto. |
| Alternate | J. E. Jones | Hillsboro. |
| Johnson | M. P. Shy | Knobnoster. |
| Knox | A. R. Wilsey | Hurdland. |
| Laclede | J. S. McComb | Lebanon. |
| Lawrence-Stone | A. H. Madry | Aurora. |
| Alternate | J. B. Fleming | Aurora. |
| Linn | F. W. Burke | Laclede. |
| Livingston | W. L. White | Springhill. |
| Madison | F. R. Newberry | Fredericktown. |
| Marion | Thos. Chowning | Hannibal. |
| Alternate | R. H. Goodier | Hannibal. |
| Miller | Frank DeVilbiss | Eugene. |
| Mississippi | H. L. Reid | Charleston. |
| Moniteau | W. R. Patterson | Tipton. |
| Nodaway | E. L. Crowson | Pickering. |
| Pettis | H. B. Cole | Sedalia. |
| Phelps | S. L. Baysinger | Rolla. |
| Pike | D. M. Pearson | Louisiana. |
| Platte | A. S. Herndon | Camden Point. |
| Putnam | Jas. A. Townsend | Unionville. |
| Randolph | G. O. Cuppaidge | Moberly. |

| COUNTY. | DELEGATE. | ADDRESS. |
|---|---|---|
| Ray | Herman S. Major | Hardin. |
| Alternate | Jas. W. Smith | Richmond. |
| St. Clair | W. E. Bell | Osceola. |
| Ste. Genevieve | G. M. Rutledge | Ste. Genevieve. |
| St. Louis | W. H. Townsend | Maplewood. |
| St. Louis City | J. M. Ball | St. Louis. |
| | Geo. W. Cale | St. Louis. |
| | M. B. Clopton | St. Louis. |
| | W. H. Deutsch | St. Louis. |
| | Wm. Engelbach | St. Louis. |
| | Davis Forster | St. Louis. |
| | R. M. Funkhouser | St. Louis. |
| | W. W. Graves | St. Louis. |
| | Joseph Grindon | St. Louis. |
| | F. L. Henderson | St. Louis. |
| | Roland Hill | St. Louis. |
| | B. M. Hypes | St. Louis. |
| | F. J. Lutz | St. Louis. |
| | W. B. Outten | St. Louis. |
| Alternates | Carl Barck | St. Louis. |
| | L. H. Behrens | St. Louis. |
| | H. C. Dalton | St. Louis. |
| | O. H. Elbrecht | St. Louis. |
| | Geo. Homan | St. Louis. |
| | W. C. Kirchner | St. Louis. |
| | Bransford Lewis | St. Louis. |
| | W. G. Moore | St. Louis. |
| | H. L. Nietert | St. Louis. |
| | Louis Rassieur | St. Louis. |
| | R. E. Schlueter | St. Louis. |
| | H. W. Soper | St. Louis. |
| | A. Ravold | St. Louis. |
| | A. E. Taussig | St. Louis. |
| Schuyler | J. B. Bridges | Downing. |
| Scotland | G. A. Foster | Memphis. |
| Shelby | Wm. Carson | Shelbyville. |
| Stoddard | Edward Moore | Bloomfield. |
| Alternate | A. D. Hill | Dexter. |
| Vernon | G. Wilse Robinson | Nevada. |
| Webster | W. J. Rabenan | Fordland. |
| Alternate | E. M. Bailey | Elkland. |
| Worth | E. P. Nesbitt | Sheridan. |

The above represents the list of delegates reported to date of going to press. We urge those counties not represented in the above list to elect their delegates as soon as possible and forward the name and address of the delegate to the State Secretary.

# CORRESPONDENCE

[Editor's Note.—We have been asked by Dr. Geo. Homan to publish the following correspondence, which is self-explanatory.—Ed.]

St. Louis, February 12, 1908.

William E. Sauer, M. D.,
President Medical Society of City Hospital Alumni,
St. Louis.

Dear Doctor Sauer:

Under existing arrangements between the Medical Society of City Hospital Alumni and the medical periodical which prints its proceedings, it is a requirement, as understood by me, that papers read before that society as a part of its scientific work shall be handed to the secretary for publication in the said "official journal," this being a part of the agreement between the principals—a proviso being inserted by which the arrangement may be terminated by either party giving notice covering the last month of the year.

When I read my paper before the society on the 6th inst. I did not conform to this custom or requirement for the reason that recently I had been carefully scanning the advertising columns of the periodical in question, and found not less than twenty-five proprietary preparations and nostrums displayed therein, and which products are not included among "New and Non-Official Remedies" tentatively approved by the Council on Pharmacy and Chemistry as published in the Journal of the American Medical Association for February 1, 1908.

Presumably their omission from that list signifies a lack of pharmaceutic merit or therapeutic value as judged and decided by the only competent court officially constituted by the organized profession for that purpose. This body has built a highway and set clear lights burning across what a few years ago was a quagmire in which the profession helplessly floundered, and for such light and deliverance every consistent member of the American Medical Association owes thanks and loyal support in further works to the same end.

This observation is pertinent for the reason that the publisher of the journal in question is a physician in presumed good standing in his local society, and by that fact pledged professionally to not only advance the just efforts and aims of the body mentioned, but to refrain from acts calculated to discredit such work or to encourage among physicians any departure from the tests and standards declared by the council and approved by the Association. This is a matter that touches the honesty and good faith of the profession, for without clean hands and clean skirts how can the local societies, the state associations, and the national body

with good grace wage war on practically the same sort of advertising in the non-medical press?

The status of medical men holding membership in the American Medical Association, who are publishers of such journals and responsible in a business sense therefor, is different from that of all other classes of publishers, being thereby amenable to discipline, and their good professional standing is bound to be sharply challenged because of the dual role assumed, and by reason of an attitude that does not square in morals with the purposes of the profession as repeatedly and officially declared. In such cases the dividing line between the claim of the counting-room and that of the consultation room must be extremely difficult to locate, for all human experience shows that no man can serve two masters whose interests lie at opposite points of the compass.

These strictures apply to many other medical publications whose appeal for support is to the organized profession, and without whose countenance they could not live, but whose advertising pages are nevertheless an affront to medical rectitude, and through vaunted fakeries and frauds a befoolment of sound knowledge and sane progress—surely there is enough that is clean, informing, desirable and honest to fill the advertising columns of every journal worthy of life at the hands of a profession whose mark and aims must ever be set higher and higher if it is to live its true life without reproach; and it was the indicated action of physician-publishers, and the open derogation of ordained professional standards and principles, which led to the withholding of the paper before mentioned.

The question whether in the light of all the facts I shall be compelled to yield it, is respectfully submitted to the society for decision, and such decision will be respected by me—if it shall be adverse to my position as stated herein, then the request will be made that the journal shall be required to publish this letter in its entirety in the same number in which the paper appears, and as a part of the proceedings of the society.

The underlying moral question is a weighty one to the profession and may become a burning issue, and while the society of which you are the head has no official relation to the American Medical Association, still a great many of its members belong to the organization which does stand locally for that body, and it can hardly be thought that the ethical standard of one would be lower than that of the other; and, consequently, no uncertain sound should be given forth as the ultimate demand for accounting and quittance upon those who transgress may yet be voiced as of old: Choose ye this day therefore whom ye will serve, God or Mammon!

Very truly yours,

(Signed) GEORGE HOMAN.

A copy of the above letter was sent to Dr. George H. Simmons, editor of the *Journal American Medical Association*, who replied as follows:

Dr. George Homan,
St. Louis, Mo.

Dear Doctor Homan:

I thank you very much for your kindness in sending me a copy of the letter you wrote to Dr. Sauer, President of the Medical Society of the City Hospital Alumi. It certainly is a splendid letter and I hope the results will repay you, which I am sure they will. While the immediate results may not be noticeable, like every other effort in the right direction, it will help on the cause. It will certainly make the members think, if it is read at the meeting, which it will be, of course.

I know a great deal about the medical journals of this country, and to me it is scandalous that the profession has been putting up with some things as long as it has. We have in this country between 275 and 300 medical journals, so-called; probably as many as are in the whole world outside of the United States. Many of these journals are owned by business firms, who have no interest whatever in medicine, except the money they can make out of it.

To-day, there is hardly a medical journal in which one could publish an article attacking proprietary medicines, unless the article was general in character and did not refer to any specific proprietary. One of the greatest evidences of the need of a change in medical journals is the fact that outside of the *Medical World,* one or two of the other so-called independent journals and three or four of the state society journals, none has re-published or called attention to any of the exposés made by the Council. If they have said anything about it (the Council) at all, they have done so in a critical spirit. Every doctor must know that some of the things we have shown up are of definite interest to every practicing physician in the country, and had the medical journals been published in the interest of physicians, rather than in the interest of the advertisers, this disregard of what has been going on would not have taken place.

Much has already been accomplished, but more is yet to be done and I am glad that such men as you are coming forward and doing that which comes to hand in your own sphere, in spite of the fact that in doing so you will probably be criticised by certain interested parties.

Very truly yours,

(Signed) GEORGE H. SIMMONS.

# COUNTY SOCIETY NOTES

## CAPE GIRARDEAU COUNTY MEDICAL SOCIETY.

The Cape Girardeau County Medical Society held its regular monthly meeting at Cape Girardeau, March 6th.

Dr. Hays was appointed national legislative committeeman.

Dr. Schulz read a paper on "Coxalgia." Dr. Porterfield's subject was "Tuberculous Adenitis." Both papers showed care and study in their preparation and brought out a good discussion. It is hoped that they will appear in the Journal.

Dr. Statler wrote a paper on "Pott's Disease." In his absence the secretary read the paper.

Dr. R. P. Dalton was elected a member.

Adjourned to meet at Cape Girardeau, April 3rd.—E. H. G. Wilson, M. D., Secretary.

## CHARITON COUNTY MEDICAL SOCIETY.

The Chariton County Medical Society convened in Salisbury, on March 12th, 1908. There were present seven members.

A good clinic was presented by Dr. Welch and the patient examined by all members present, followed by a discussion of the case. The reading of Dr. McEuen's paper on "Hysteria" was deferred until our next meeting.

Adjourned to meet in Brunswick on Thursday, April 9th, at 3 o'clock p. m.—C. A. Jennings, M. D., Secretary.

## GASCONADE-OSAGE-MARIES COUNTY MEDICAL SOCIETY.

The Gasconade-Osage-Maries County Medical Society will hold its next meeting April 21st, in Owensville. This meeting will be of special interest to physicans of this part of the state, as an effort will be made to form a Hospital Association for the purpose of conducting and maintaining a Gasconade County Hospital.

A banquet will be held in the evening, in which the public will take part.—John D. Seba, M. D., Secretary and Treasurer.

## GREENE COUNTY MEDICAL SOCIETY.

MEETING OF FEBRUARY 28, 1908.

Drs. J. P. Wright and C. S. Neer were elected to membership in the society. Dr. D. S. Standard was received by transfer card from the Laclede County Medical Society.

President Coffelt announced committees as follows: Committee on

Program and Scientific Work, Drs. J. R. Boyd, J. E. Dewey and S. W. Tickle; Committee on Public Policy and Legislation, Drs. W. P. Patterson, W. M. Smith and C. E. Woody; Committee on Library, Drs. J. P. Ralston, E. L. Evans and A. F. Willier.

In accordance with constitution and by-laws of State Association, President Coffelt appointed the following named committees to assist the State Association at the annual meeting: Committee on Arrangements, Drs. Tefft, Fulton, Patterson, Barnes, Peak, Cox, Matthews, James and Camp; Reception Committee, Drs. Terry, Boyd, Smith, Rienhoff, Fortner, Woody, Farnsworth, Pipkin, Hill, Evans, Oldham, Ruyle, Mayfield, Kerr and Sherman.

Dr. T. A. Coffelt, the newly elected president, read a very interesting and instructive address, wherein he outlined the work of the society for 1908. He said, in part, as follows:

"With your coöperation I wish to make it a great honor to belong to this society because of the scientific work, the driving of medical pretenders out of this county, the fraternal feeling, and above all the recognition and esteem in which it is held by the public as a society promoting scientific, medical and sanitary knowledge and skill.

It is the duty of this organization to take some action in securing proper sanitary and hygienic measures for the public welfare of our city, as in our sewage system, thoroughfares, markets, schools, water supply and dairy products; we should have an active local board of health to advise our law makers. Until this society acts with energy along the lines pointed out I do not believe it has fully discharged the obligations it sustains to the public.

There is nothing that will add so much interest and enjoyment to our meetings, as a kindly fraternal spirit manifested towards each other; this will do more to smooth out the rough places in a doctor's life than almost anything else. There should be no place for a cynical and fault-finding doctor in our medical economy."

Dr. Wm. Rienhoff made a short address on the relation of the society to the public.

Dr. J. A. B. Adcock, of Warrensburg, Mo., secretary of the Missouri State Board of Health, was present and made a short talk about the work the board was doing and promised their assistance in the prosecution of illegal practitioners.

MEETING OF MARCH 13, 1908.

Dr. J. S. Sayres was elected to membership in the society. Dr. Farnsworth reported two interesting cases of a bone-like substance being found in the back part of the eye. Dr. Camp discussed the cases.

A general discussion ensued, in which Drs. Coffelt, Smith, Terry, Dewey, Woody, Fortner, Camp and others took part, as to the advisability of the society taking up some post-graduate course or other method of scientific work. On motion the Committee on Program and

Scientific Work was instructed to formulate a plan and report to the society at its next meeting.

Dr. Wm. Rienhoff read a very interesting paper entitled "Medical Creeds." He said that starting from the remarkable coincidence of the phenomenal growth of the true medical science and art on one side, and the startling spread of medical fads and charlatanism on the other side, the writer tried to find a reason and an explanation for such a condition of affairs by taking a historical review of the origin and gradual development of medicine. Its three sources, the demonstrative, rationalistic and the empirical views and practices of medicine, have all had their beneficial influences upon medical development, when applied in the right manner, and their detrimental influences when applied wrongly. Fads in medicine of the present day may be directly traced to the persistence of the three sources in their wrong application.

The increase of known facts, mainly through observation and experiments coming under the scope of physiology in normal and pathological conditions, and verifying those facts in the sick room and through scientific research, strictly adhering to the principle first laid down by Hippocrates, must be the aim of medical investigation from now on. Only so may we hope to come nearer to the coveted goal—the full understanding of the vital processes, both in health and sickness, and the true therapeutic means of influencing the pathological conditions.—J. L. Ormsbee, M. D., Secretary.

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## HENRY COUNTY MEDICAL SOCIETY.

The Henry County Medical Society met in regular session in the county court room on Wednesday, March 11th, 1908. Fourteen members were present.

Dr. C. W. Head gave his treatment for scarlet fever, which he considered to be somewhat different from that usually pursued. Having read of a case in which a strong solution of antiseptics was used topically, he thought out and used the following manner of treatment: As soon as the rash appeared the patient was washed with a 1-1000 solution of bichloride of mercury; in 24 hours had patient well greased with vaseline and washed with warm water and castile soap, then applied the bichloride solution. This was repeated every day until the desquamation had passed. By so doing he had prevented the desquamation and subdued the itching that always attended previous cases. He used internal medication at the same time.

Dr. J. J. Russell thought well of Dr. Head's manner of treatment. Dr. W. W. Gibbins said the bichloride would be a good application. The treatment appealed to him as a splendid idea. He had used a strong solution of carbolic acid as an application to allay the itching with good results. Dr. Jno. W. Britts had not used bacon rinds, as his father before him had done, and did not like to use either of the solutions spoken of for fear of some bad after effects. Dr. A. J. McNees said all of the dis-

charges should be taken care of the same as from a typhoid fever case, as infection could come from them. He thought Dr. Head's idea a splendid one. Dr. Douglass called attention to the fact that the blood would always throw out material to act as a dam to absorption of any application in all exanthematous skin affections.

Dr. Head in closing said he found the free use of the solution allayed the itching.

Dr. Gibbins reported a case of a woman who had come to him some 10 years ago, suffering from a profuse hemorrhage from the vagina. Upon examination he found a cancer of the uterus; advised removal and operated but left the ovaries. These afterward showed signs of cancer and in five years were removed. Six months ago a sore developed near the umbilicus. There was quite a mass which seemed detached, and with a pair of forceps he pulled it away. Afterward the opening communicated with the bowel and fecal matter was discharged through it.

Dr. A. E. Derwent reported a case of infection of the conjunctiva of one eye, the result, he thought, of infection with cowpox from milking.

Dr. C. T. Howard was elected a member.—F. M. Douglass, M. D., Reporter.

## JOHNSON COUNTY MEDICAL SOCIETY.

The Johnson County Medical Society met at Warrensburg in regular session March 10th.

New members reported as follows: Dr. L. H. Robinson, Warrensburg; Dr. D. E. Shy, Knobnoster; Dr. Harry F. Parker, Warrensburg.

A motion carried that our annual banquet be held on or near the date of our next quarterly meeting, June 9th.

### AFTERNOON SESSION.

The committee on contract practice reported and recommended the passage of the following resolutions:

Resolved: That it is inimical to the best interests of this society and the profession in general for its members to engage in contract work, whether it be individual, family, society, county, state or national.

Resolved: That we as individual members of the Johnson County Medical Society will in the future not do any of this class of work.

Resolved: That we agree not to make life insurance examinations for lodges and societies for less than three dollars per examination.

Resolved: That discounts on the regular fees for practice be not permitted by members of this society.

Resolved: That the secretary of this society be hereby instructed to notify every member of this society individually of the action taken, and that these resolutions be made a part of the by-laws of this society and that fifty copies of these resolutions be printed for distribution to the members.

After thoroughly discussing the matter, the motion to adopt was unanimously carried, all feeling that a good work had been done.

Dr. John T. Anderson, Cornelia, Mo., was elected to represent this society as a member of the Auxiliary Committee on Medical Legislation of the American Medical Association.

The scientific program consisted of two practical, well-written papers. The first was by Dr. John T. Anderson, entitled "Adenoids in the Vault of the Pharynx." The second was by Dr. T. L. Bradley, entitled "Let us Get Close to the People." Both papers were discussed at length, all members participating.

That this was one of the best meetings of our society, was the unanimous comment of all present.—E. H. Gilbert, M. D., Reporter.

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## LAWRENCE-STONE COUNTY MEDICAL SOCIETY.

The Lawrence-Stone County Medical Society met in regular session at Mt. Vernon on March 3d. Dr. Madry, who had represented the society at the secretaries' meeting in Kansas City, reported what he had found to be the purpose of that meeting, and some of the topics that had been under discussion. Dr. Coffelt of Springfield, councilor for this district, being in attendance, made a report supplementing Dr. Madry's. The election of officers having been continued from the Crane meeting was taken up and completed as follows: Dr. W. W. Rodman of Pierce City, censor; A. H. Madry of Aurora, delegate to the State Association at Springfield, with Dr. J. B. Fleming alternate. President Huffman appointed the committee on sanitation and medical legislation as follows: W. W. Rodman, F. S. Stevenson and L. Henson, these to act with A. H. Madry of the Auxiliary committee of the A. M. A.

Dr. Coffelt of Springfield opened the scientific program, reading a paper entitled "Otitis Media." The paper was one of those kinds that deal in a practical way with a troublesome subject. Dr. Coffelt confined himself principally to acute otitis media. It is to be regretted that so few general practitioners give this subject the thorough consideration its frequency and extreme importance demand. It developed on opening of discussion, that three members of the society present had been sufferers from otitis media, and these personal experiences stimulated an interest the merits of the paper had aroused.

Dr. Loveland spoke of the necessity of caring for earaches and the dufficulty of impressing this upon patients, or if in children, their parents. He recommended the use of borated warm water applied with fountain syringe; drainage should be favored and protargol or argyrol applied in most cases. Dry boric acid was a favorite powder and constitutional treatment was not to be neglected. Dr. Fleming favored cocaine for relief of pain, and placed a high value on moist heat.

Dr. Madry attributed an attack to a nasopharyngeal inflammation from la grippe the enustachian tube conducting the inflammation to the middle ear. Paracentesis had been performed early, but a three weeks' attack was not averted during which time the mastoid cells continually threatened mischief. He advocated hot water applications.

Dr. Stevenson had had a personal experience, but it was of shorter duration, his drum having perforated within thirty-six hours from the beginning of the attack.

Dr. Terry said it was difficult to have treatment carried out properly, that otitis media should be treated by a specialist, but that all things were not as they should be. He had insisted on irrigations and antiseptics. The irrigations should be from a fountain syringe at a low altitude, the current running slowly. He thought the specialist should give the general practitioner a plan of treatment.

Dr. Rodman used boroglyceride and ichthyol with glycerine.

Dr. Huffman desired to know, in using eustachian catheter, how young a patient could be successfully catheterized. He thought a thorough knowledge of the anatomy was necessary in order to the successful operation for mastoid abscess. Early incisions of the drum relieved pain due to the pressure. He was in favor of normal salt solution applied warm, or a warm solution of boric acid.

Dr. Holmes found many cases recurrent in children. He used boric acid in diluted alcohol as an application to the ear.

Dr. Coffelt, in closing, said we ought to impress the importance of these cases on patients; that the disease was not contagious, except when caused by contagious diseases such as diphtheria, scarlet fever, etc. He thought that in many cases where a child had died of a meningeal trouble, we could truthfully say that it was really due to a neglected otitis media, and this truth ought to be impressed on people.

It was difficult to lay down a plan of treatment for general practitioners that could or would be followed. Dr. Terry's plan was good in skilled hands, but dangerous in unskilled. He recommended antiseptics and not too much washings. Had never been able to use catheter on very young patients, and thought Dr. Holmes' cases new infections rather than recurrent attacks.

As an anodyne, he recommended a sol. of cocaine, or a 10 per cent sol. of carbolic acid in glycerine, applied warm to the drum and cotton placed on top.

Dr. C. W. Shelton informed the society that there would be carriages in waiting to convey the members to the State Tuberculosis Sanatorium for dinner, and adjournment to meet again at 2 p. m. was announced.

Arriving at the sanatorium, the board was found to be in session. Adjourning, they resolved into a reception committee, and the society was escorted to the commodious dining hall where a splendid dinner was in waiting. The cleanliness of cooks and waiters, the selection of foods and the preparation and the general cheerfulness in evidence already foreshadow success in this most essential part of the treatment of tuberculosis. The rooms are neat and well constructed for light and ventilation, and the entire force from superintendent to the lowest employe, seem actuated by an earnest desire to achieve success for the

institution, and to spread its beneficence both to the plague-threatened and plague-stricken throughout the state and nation. The administration building is now in process of construction.

AFTERNOON SESSION.

Immediately after call to order, Dr. Madry asked for an expression of the society in regard to the prosecution of abortionists and other illegal practitioners.

After a short informal discussion the committee on sanitation and medical legislation was ordered to retire and prepare resolutions expressing the will of the society. The committee returned and reported the following which was unanimously adopted: "Resolved that we, the Lawrence-Stone Medical Society, do hereby endorse the action of our prosecuting attorney in his efforts directed toward the prosecution of abortionists and other illegal practitioners of medicine, and we promise him our moral support in his further efforts to rid our profession, the state and humanity of these undesirable characters."

Dr. Terry re-opened the scientific program with a paper on the present status of serum therapy. This was a most excellent paper and dealt with the latest facts in serum therapy, taking up and treating of the opsonins and the part they play in serum therapy. This paper brought forth some discussion, but for its advanced stand and for the convenience of the sanitorium management, who were in attendance at the afternoon session, the time was divided that we might hear Dr. Eaton's paper on "Open Air."

Dr. Eaton's paper was a forceful presentation of the necessity of open air, both in the prevention and treatment of disease. The laity as well as the profession throughout the state should read this paper. The state could not more wisely economize than make provision to publish and distribute such literature.

Drs. Brown and Porter discussed the paper, the one, briefly, yielding to Dr. Porter who dealt more extensively with the subject, particularly that phase relating to the prevention and treatment of tuberculosis. Dr. Porter insisted on the importance of forming anti-tuberculosis societies throughout the country.

Society adjourned to meet next at Aurora.—A. H. Madry, M. D., Reporter.

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## MARION COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Marion County Medical Society was held on March 6th, 1908. Members present: Drs. Bush, Glahn, Bonds, U. S. Smith, Chilton, Chowning, Roselle, Waldo, Schmidt, Hill, Hornback, Detweiler, Bourn, Paxon and Banks.

Dr. Chowning mentioned two cases of old men who had attacks of la grippe, resulting in extreme exhaustion.

Dr. Bush read a very interesting paper on "Vertigo." Dr. Schmidt

also gave an equally good paper on "Fractures." Both papers were discussed.

The Committee on Program reported as follows for the balance of the year:

April—"Anesthesia." By Dr. Farrell.

May—"Ectopic Pregnancy." By Dr. Hays.

June—"Epigastric Pain as a Symptom." By Dr. Hill.

July—"Criminal Abortion." By Dr. Goodier.

August—"Some Diseases of Childhood." By Dr. Chilton. "Epilepsy in Children." By Dr. Vandiver.

September—"Iritis." By Dr. Hornback.

October—Subject not announced. Dr. Glahn.

November—Subject not announced. Dr. Roselle.

December—"Nasal Catarrh." By Dr. U. S. Smith.

The next regular meeting will be held on April 3d, 1908.—H. L. Banks, M. D., Secretary.

## MONITEAU COUNTY MEDICAL SOCIETY.

The Moniteau County Medical Society held its regular meeting at California. The meeting was held in two sessions, the regular session at 1:30 p. m., and the open session at 8 p. m. The following were in attendance: Drs. J. H. Lang, L. L. Latham, J. B. Norman, H. Freudenberger, J. M. Robertson, W. R. Patterson, J. W. Marsh, A. V. Thorpe, H. C. Kleuber, J. J. Russell, W. H. Elliot, Solon Cameron of St. Louis, and J. L. Thorpe of Jefferson City.

The subject of tuberculosis occupied the whole time of both sessions. At the afternoon meeting, Dr. J. M. Robertson talked on "Change of Climate for Tuberculous Patients." Dr. J. H. Lang read a paper entitled "The Source of Contagion in Tuberculosis." Dr. L. L. Latham read a paper on "Tuberculosis of the Skin." Each member and visitor took part in the discussion that followed the reading of the papers. This was an unusually good program and aroused considerable enthusiasm.

The evening meeting was held in the circuit court room and was attended by a large audience, many persons standing in the aisles. Dr. Solon Cameron of St. Louis delivered a lecture on tuberculosis, illustrated by stereopticon views. Dr. F. W. Patterson of Tipton operated the stereopticon.

The next meeting of the society will be held in Tipton on the second Thursday in June.—W. R. Patterson, M. D., Secretary.

## RAY COUNTY MEDICAL SOCIETY.

The Ray County Medical Society met in regular session at Richmond, Wednesday, March 18th, with the following members present: Drs. L. D. Greene, H. S. Major, C. B. Shotwell, R. L. Hamilton, J. E. Ball, T. B. Cook, E. T. McGaugh, Geo. W. Smith and E. F. Higdon.

Dr. Robert L. Hamilton was elected president to fill out the unexpired term of Dr. E. H. Musson, who has moved out of the county. Dr.

H. S. Major was elected delegate to the State Association, with Dr. J. W. Smith as alternate.

It was decided to hold the next meeting on the fourth Wednesday in May at 4 p. m., to be followed by a banquet at the Richmond Hotel at 8 p. m. The president appointed Drs. Shotwell, McGaugh and Higdon to serve as a committee on arrangements for the banquet. An assessment of one dollar per member was voted to pay the expense of the banquet. Motion was made and carried that an invitation be extended to Drs. W. W. Mosby, Wm. Yates, W. A. Jones and A. D. Clark, retired physicians of the county, to attend the banquet as guests of honor of the society.

The society then proceeded to the program, which consisted of an excellent paper on "Hysteria," by Dr. C. B. Shotwell. This was ably discussed by Drs. Hamilton and Cook, the discussion being closed by Dr. Shotwell.

The members seem very much encouraged over the outlook of the society for the coming year. We have more members now than ever before and a greater interest is being manifested.

The following program was arranged for the next meeting, Wednesday, May 27th, at 4 p. m.:

Paper—"Small Pox." By Dr. E. W. Rentfro.

Discussion—Dr. J. E. Ball.

Paper—"Management of Summer Diarrhea." By Dr. L. D. Greene.

Discussion—Dr. T. B. Cook.—Herman S. Major, M. D., Secretary.

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## STE. GENEVIEVE COUNTY MEDICAL SOCIETY.

The Ste. Genevieve County Medical Society held its annual meeting on December 11th, 1907, President Moore in the chair. The minutes of the last meeting were read and approved.

The officers for the coming year, 1908, were elected as follows: Dr. F. E. Hinch, president; Dr. J. A. Wilkins, vice-president; Dr. R. W. Lanning, secretary and treasurer.

Dr. G. M. Rutledge was elected one of the board of censors.

### MEETING OF MARCH 11TH.

The president appointed on the Committee of Public Policy and Legislation, Drs. Moore, Rutledge and Hinch. The treasurer's report for the year 1907 was read and approved.

The following resolution was offered by Dr. Rutledge: "That the Committee on Public Policy and Legislation be empowered to use not to exceed twenty dollars ($20.00) of the society's funds in prosecuting persons illegally engaged in the practice of medicine in this county." On motion the resolution was adopted.

All business being transacted, the society adjourned until the second Wednesday in April, to meet in St. Marys, Mo.—R. W. Lanning, M. D., Secretary.

# BOOK REVIEWS

HUMAN ANATOMY INCLUDING STRUCTURE AND DEVELOPMENT AND PRACTICAL CONSIDERATIONS. By various authors. Edited by George A. Piersol. Illustrated. Pp. 2088. Philadelphia and London: J. B. Lippincott Co. 1907.

This new textbook on anatomy was undertaken, the author tells us in the preface, with three general considerations in view, namely: 1. The presentation of the essential facts of human anatomy, regarded in its broadest sense, by a descriptive text which, while concise, should be sufficiently comprehensive to include all that is necessary for a thorough understanding not only of the gross appearances and relations of the various parts of the human body, but also of their structure and development. 2. Adequate emphasis and explanation of the many varied relations of anatomical details to the conditions claiming the attention of the physician and surgeon. 3. The elucidation of such text by illustrations that should portray actual dissections and preparations with fidelity and realism.

Examination of the work leaves no doubt in the mind of the critical student that these broad lines have been followed with faithfulness and precision.

The publishers have succeeded in binding the 2088 pages in one volume in such a manner that the open book lies flat at any page, a desideratum of special importance in a work of this character. It is also bound in two volumes.

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A TEXTBOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M. D., Ph.D., LL.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Eighth revised edition. Octavo of 1317 pages, fully illustrated. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, $5.50 net; half morocco, $7.00 net.

A textbook which, within a few years, reaches its eighth edition certainly must be not only popular but also good. Anders' Practice of Medicine presents with unequaled preciseness and clearness the subject of clinical medicine in a most practical form. In its eighth edition the author again has brought his book abreast with recent medical advancements.

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PROGRESSIVE MEDICINE, Vol. 1, March, 1908. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 284 pages, with 11 engravings. Per annum in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address. Lea & Febiger, publishers, Philadelphia and New York.

The March issue of *Progressive Medicine* deals with five important practical branches of medicine and surgery.—Surgery of the Head, Neck and Thorax, by Prof. Charles H. Frazier, of the University of Pennsylvania; Infectious Diseases, Acute Rheumatism and Croupous Pneu-

monia, by Dr. R. B. Preble, of Chicago; Rhinology and Laryngology is thoroughly covered in its latest progress by Prof. D. Braden Kyle, of Philadelphia, and Otology is similarly handled by Dr. Arthur B. Duel, of New York.

The particular value of *Progressive Medicine* to every medical man, lies in the fact that the whole practical side of medicine is covered, so far as all advances are concerned, by writers of recognized authority, who present the subject in the form of an original and connected narrative, ready for application.

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CLINICAL TREATISES ON THE SYMPTOMATOLOGY AND DIAGNOSIS OF DISORDERS OF RESPIRATION AND CIRCULATION. By Professor Edmund von Neusser. Authorized English Translation by Andrew MacFarlane. Part I. DYSPNOEA AND CYANOSIS. New York, E. B. Treat & Co. 1907. Octavo, 204 pp., $1.50.

In this series the famous clinician of the University of Vienna studies disease from the point of view of symptomatology. After a discussion of the nature of dyspnoea and cyanosis, he takes up, one after the other, the various diseases and conditions which may exhibit these symptoms. There will be two more volumes in this series, one dealing with tachycardia and bradycardia, the other with angina pectoris.

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TEXTBOOK OF PHYSIOLOGY: FOR MEDICAL STUDENTS AND PHYSICIANS. By William H. Howell, Ph.D., M. D., LL.D., Professor of Physiology, Johns Hopkins University, Baltimore. Second edition, thoroughly revised. Octavo volume of 939 pages, fully illustrated. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, $4.00 net; half morocco, $5.50 net.

In this work main emphasis is laid upon those facts and views which will be directly helpful in the practical branches of medicine. Repeatedly it has been pronounced the best written and most stimulating textbook on physiology in the English language. This second edition brings the work up to the present time and describes the principles and methods now taught in this branch of medical learning.

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SURGICAL DIAGNOSIS. By Daniel N. Eisendrath, A. B., M. D., Adjunct Professor of Surgery in the Medical Department of the University of Illinois. With 482 original illustrations, 15 of them in color. Philadelphia and London. W. B. Saunders Co. 1907. Cloth, $6.50 net.

Without an exact diagnosis it is impossible to undertake proper surgical measures for the relief of disease. With this aim in view Dr. Eisendrath seems to have planned the work before us. The systematic examination of each surgical disease or injury is accurately described, and in many instances the description of the typical findings pictured in well executed and instructive illustrations. It would seem that everything in this volume is presented with the one intent to be of practical value, and the author, with his extraordinary clinical experience, is specially fitted to write just such a volume on the diagnosis of surgical diseases and injuries.

## AMERICAN MEDICAL ASSOCIATION.

**Next Annual Meeting at Chicago, June 2-5, 1908.**

President: JOSEPH D. BRYANT, New York City.
President Elect: HERBERT L. BURRELL, Boston.
Secretary and Editor: GEORGE H. SIMMONS, 103 Dearborn Ave., Chicago.

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## MISSOURI STATE MEDICAL ASSOCIATION.

**Next Annual Meeting, Springfield, May 19, 20, 21, 1908.**

President: W. S. ALLEE, Olean.
Vice Presidents:
THOS. B. COOKE, Rayville; A. H. VANDIVERT, Bethany; CHAS. HOUGH, Jefferson City; J. P. DUNIGAN, Holliday; O. F. PILE, Memphis.
Secretary: A. W. McALESTER, Jr., Kansas City.
Assistant Secretaries: PAUL Y. TUPPER, St. Louis; GAIL ALLEE, Lamar.
Treasurer: J. FRANKLIN WELCH, Salisbury.

**Medical Section.**

Chairman: T. F. LOCKWOOD, Butler. Secretary: GAIL ALLEE, Lamar.

**Surgical Section.**

Chairman: H. E. PEARSE, Kansas City. Secretary: P. Y. TUPPER, St. Louis.

**ORATORS.**

**Oration on Medicine:**

JOHN H. DUNCAN, St. Louis.

**Oration on Surgery:**

HERMAN E. PEARSE, Kansas City.

**COMMITTEES.**

**Committee on Scientific Work.**

H. E. Pearse, T. F. Lockwood, P. Y. Tupper, Gail Allee.

**Publication Committee.**

W. B. Dorsett, Chairman; M. B. Clopton, M. C. Shelton.

**Committee on Public Policy and Legislation.**

C. E. Fulton, Chairman; H. E. Pearse, Geo. W. Wilson.

**Committee on Medical Education.**

N. B. Carson, Chairman; C. M. Jackson, E. W. Schauffler.

**Committee on Tuberculosis.**

Wm. Porter, Chairman; W. M. Bayliss, J. B. Norman, M. P. Overholser, Tinsley Brown.

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## COUNCILLOR DISTRICTS AND COUNTIES IN EACH DISTRICT.*

F. J. LUTZ, St. Louis, Chairman. E. J. GOODWIN, St. Louis, Secretary.

First District.—Councillor, C. L. Evans, Oregon. Counties: Holt, Atchison, Nodaway.

Second District.—Councillor, W. T. Elam, St. Joseph. Counties: Buchanan, Andrew.

Third District.—Councillor, G. W. Whitely, Albany. Counties: Harrison, Worth, Gentry, DeKalb.

Fourth District.—Councillor, C. R. Buren, Princeton. Counties: Grundy, Sullivan, Mercer, Putnam.

Fifth District.—Councillor, E. E. Parrish, Memphis. Counties: Clark, Scotland, Schuyler.

Sixth District.—Councillor, H. Jurgens, Edina. Counties: Adair, Knox, Lewis.

Seventh District.—Councillor, L. W. Dallas, Hunnewell. Counties: Shelby, Marion, Ralls.

Eighth District.—Councillor, W. B. Dorsett, St. Louis. Counties: Lincoln, St. Charles, St. Louis, Pike.

Ninth District.—Councillor, Woodson Moss, Columbia. Counties: Audrain, Boone, Howard, Callaway, Warren, **Montgomery.**

Tenth District.—Councillor C. W. Reagan Macon. Counties: Macon, Randolph, Monroe.

Eleventh District.—Councillor, J. D. Brummall, Salisbury. Counties: Chariton, Carroll, Livingston, Linn.

Twelfth District.—Councillor, E. H. Miller, Liberty. Counties: Platte, Clay, Ray, Clinton, Caldwell, Daviess.

Thirteenth District.—Councillor N. P. Wood, Independence. County: Jackson.

Fourteenth District.—Councillor, C. T. Ryland, Lexington. Counties: Lafayette, Saline, Cooper.

Fifteenth District.—Councillor, M. P. Overholser, Harrisonville. Counties: Cass, Johnson.

Sixteenth District.—Councillor, J. R. Buchanan, Nevada. Counties: Bates, Vernon, Barton.

Seventeenth District.—Councillor, R. D. Haire, Clinton. Counties: Pettis, Henry, Benton, St. Clair, **Hickory.**

Eighteenth District.—Councillor, Frank DeVilbiss, Eugene. Counties: Miller, Moniteau, Morgan, Camden.

Nineteenth District.—Councillor, G. Ettmueller, Jefferson City. Counties: Cole, Osage, Maries, Gasconade.

Twentieth District.—Councillor, F. J. Lutz, St. Louis. Counties: Franklin, St. Louis City.

Twenty-first District.—Councillor, B. M. Hypes, St. Louis. Counties: Jefferson, Ste. Genevieve, Perry.

Twenty-second District.—Councillor, J. D. Porterfield, Jr., Cape Girardeau. Counties: Scott, Madison, Cape Girardeau, Mississippi, **Bollinger.**

Twenty-third District.—Councillor, T. C. Allen, Bernie. Counties: Stoddard, Dunklin, Pemiscot, New Madrid.

Twenty-fourth District.—Councillor, J. J. Norwine, Poplar Bluff. Counties: Wayne, Butler, Ripley, Carter.

Twenty-fifth District.—Councillor Frank Harrison, Farmington. Counties: Washington, Reynolds, Iron, St. Francois.

Twenty-sixth District.—Councillor, R. L. Johnson, Rolla. Counties: Crawford, Phelps, Pulaski, Laclede, Dent, **Dallas.**

Twenty-seventh District.—Councillor, H. C. Shuttee, West Plains. Counties: Howell, Shannon, **Ozark, Oregon, Texas, Wright, Douglas.**

Twenty-eighth District.—Councillor, T. A. Coffelt, Springfield. Counties: Greene, Lawrence, Barry, Stone, Christian, Webster, Polk, **Taney.**

Twenty-ninth District.—Councillor, A. R. Snyder, Joplin. Counties: McDonald, Newton, Jasper, Cedar, **Dade.**

***Counties in black are not organized.**

## County Societies in Affiliation with the State Medical Association.

| County. | President. | Address of President. | Secretary. | Address of Sec'y. |
|---|---|---|---|---|
| Adair | J. S. Gashwiler | Novinger | E. C. Grim | Kirksville. |
| Andrew | John Husher | Rosendale | R. E. Mills | Gillmore. |
| Atchison | E. A. Lewis | Rockport | A. McMichael | Rockport. |
| Audrain | W. W. McFarlane | Mexico | C. A. Rothwell | Mexico. |
| Barry | Wm. M. West | Monett | D. L. Mitchell | Cassville. |
| Barton | A. B. Stone | Lamar | C. F. Brown | Lamar. |
| Bates | H. A. Rhodes | Foster | E. N. Chastain | Rich Hill. |
| Benton | E. L. Rhodes | Lincoln | W. S. Jones | Lincoln. |
| Boone | W. A. Norris | Columbia | A. W. Kampschmidt | Columbia. |
| Buchanan | H. S. Forgrave | St. Joseph | Chas. W. Fassett | St. Joseph. |
| Butler | Victor Cadwell | Poplar Bluff | A. R. Rowe | Poplar Bluff. |
| Caldwell | C. O. Dewey | Breckenridge | Tinsley Brown | Hamilton. |
| Callaway | H. I. Owen | Fulton | Martin Yates | Fulton. |
| Camden | G. M. Moore | Linn Creek | G. T. Myers | Macks Creek. |
| Cape Girardeau | R. F. Wichterich | Cape Girardeau | E. H. G. Wilson | Cape Girardeau. |
| Carroll | W. C. Baird | Bogard | R. F. Cook | Carrollton. |
| Carter-Shannon | Wm. Fulton | Winona | J. A. Chilton | Van Buren. |
| Cass | G. M. Anderson | Pleasant Hill | R. P. Yeagle | Pleasant Hill. |
| Cedar | Kimball Hill | El Dorado Springs | J. W. Dawson | El Dorado Springs. |
| Chariton | C. H. Temple | Rockford | C. A. Jennings | Salisbury. |
| Christian | J. C. Young | Ozark | J. A. Roberson | Ozark. |
| Clark | N. W. Harris | Winchester | A. H. Teel | Kahoka. |
| Clay | J. J. Rice | Kearney | F. H. Matthews | Liberty. |
| Clinton | John Sturgis | Perrin | E. A. Colley | Plattsburg. |
| Cole | W. A. Cole | Jefferson City | S. V. Bedford | Jefferson City. |
| Cooper | R. L. Evans | Boonville | J. R. Lionberger | Boonville. |
| Crawford | W. A. Metcalf | Steelville | A. H. Horn | Steelville. |
| Daviess | W. L. Brosius | Gallatin | M. A. Smith | Gallatin. |
| DeKalb | E. T. Stroup | Weatherby | R. A. Evans | Amity. |
| Dent | A. F. McMurtrey | Salem | J. C. Welch | Salem. |
| Dunklin | N. F. Kelley | Kennett | Paul Baldwin | Kennett. |
| Franklin | J. P. Dunigan | Sullivan | A. C. Brown | Moselle. |
| Gasconade-Marie Osage | J. J. Radamacher | Meta | J. D. Seba | Bland. |
| Gentry | J. U. Barger | Darlington | Benj. Davis, Jr | Albany. |
| Greene | T. A. Coffelt | Springfield | J. L. Ormsbee | Springfield |
| Grundy | Samuel Sheldon | Trenton | H. A. Duffy | Trenton. |
| Harrison | W. H. Wiley | Ridgeway | J. H. Morroway | Ridgeway. |
| Henry | J. R. Hampton | Clinton | F. M. Douglass | Clinton. |
| Holt | F. E. Bullock | Forest City | J. F. Chandler | Forest City. |
| Howard | J. Y. Hume | Armstrong | C. W. Watts | Fayette. |
| Howell | J. C. B. Davis | Willow Springs | A. H. Thornburgh | West Plains. |
| Iron | Ira A. Marshall | Ironton | G. W. Farrar | Ironton. |
| Jackson | C. B. Hardin | Kansas City | E. L. Stewart | Kansas City. |
| Jasper | J. W. Clark | Carterville | R. M. James | Joplin. |
| Jefferson | G. W. Tidwell | DeSoto | R. E. Donnell | DeSoto. |
| Johnson | W. G. Thompson | Holden | E. H. Gilbert | Warrensburg. |
| Knox | J. R. Northcutt | Knox City | A. R. Wilsey | Hurdland. |
| Laclede | W. C. Lockwood | Conway | J. A. Pinckard | Lebanon. |
| Lafayette | Lewis Carthae | Corder | C. T. Ryland | Lexington. |
| Lawrence-Stone | D. M. Huffman | Crane | C. W. Shelton | Mt. Vernon. |
| Lewis | J. C. Brown | Lewistown | Paul F. Cole | Steffenville. |
| Lincoln | S. R. McKay | Troy | Wm. P. Smith | Troy. |
| Linn | J. T. Polson | Laclede | Foster W. Burke | Laclede. |
| Livingston | H. M. Grace | Chillicothe | J. C. Shelton | Chillicothe. |
| McDonald | E. F. Doty | Anderson | M. L. Sellers | Anderson. |
| Macon | W. H. Miller | Macon | C. W. Reagan | Macon. |
| Madison | S. C. Slaughter | Fredericktown | J. K. Smith | Fredericktown. |
| Marion | F. W. Bush | Hannibal | H. L. Banks | Hannibal. |
| Mercer | H. P. Chesmore | Princeton | C. R. Buren | Princeton. |
| Miller | J. L. Gilleland | Olean | W. L. Allee | Eldon. |
| Mississippi | R. K. Ogilvie | Charleston | S. P. Martin | East Prairie. |
| Moniteau | H. V. Thorpe | Jamestown | W. R. Patterson | Tipton. |
| Monroe | S. M. Brown | Monroe City | M. C. McMurry | Paris. |
| Morgan | P. G. Woods | Versailles | H. N. Lutman | Versailles. |
| New Madrid | Welton O'Bannon | New Madrid | C. W. Watson | New Madrid. |
| Newton | R. L. Wills | Neosho | Horace Bowers | Neosho. |
| Nodaway | F. R. Anthony | Maryville | H. L. Sayler | Elmo. |
| Pemiscot | J. G. Luten | Caruthersville | John Johnson | Hayti. |
| Perry | T. M. Hudson | Perryville | F. M. Vessells | Perryville. |
| Pettis | C. Bohling | Sedalia | Frank R. Morley | Sedalia. |
| Phelps | W. S. Smith | Rolla | S. L. Baysinger | Rolla. |
| Pike | R. L. Pollard | Eolia | R. G. Hereford | Louisiana. |
| Platte | W. D. Swaney | Linkville | F. M. Shafer | Edgerton. |
| Polk | J. E. Loafman | Bolivar | A. P. Mitchell | Bolivar. |
| Pulaski | W. L. Ragan | Richland | E. A. Oliver | Richland. |
| Putnam | C. H. Carryer | Unionville | J. A. Townsend | Unionville. |
| Ralls | Fred Walter | Perry | T. J. Downing | New London. |
| Randolph | G. O. Cuppaidge | Moberly | T. D. Mangas | Moberly. |
| Ray | R. L. Hamilton | Richmond | H. S. Major | Hardin. |
| Reynolds | J. M. Lowrey | Centerville | T. W. Chilton | Corridon. |
| Ripley | S. A. Proctor | Doniphan | J. F. Redwine | Doniphan. |
| Saline | D. C. Gore | Marshall | D. F. Bell | Marshall. |
| St. Charles | J. R. Mudd | St. Charles | B. K. Stumberg | St. Charles. |
| St. Clair | R. J. Smith | Johnson City | Ruth Seevers | Osceola. |
| St. Francois | T. L. Haney | Farmington | R. Appleberry | Leadwood. |
| Ste. Genevieve | F. E. Hinch | Ste. Genevieve | R. W. Lanning | Ste. Genevieve. |
| St. Louis | H. Tuholske | 465 N. Taylor | C. E. Burford | 955 Hamilton Av. |
| St. Louis Co | C. A. Dunnavant | Kirkwood | W. H. Townsend | Maplewood. |
| Schuyler | J. T. Jones | Queen City | H. E. Gerwig | Downing. |
| Scotland | W. E. H. Bondurant | Memphis | W. E. Alexander | Memphis. |
| Scott | W. H. Wescoat | Oran | W. S. Hutton | Fornfelt. |
| Shannon | Frank Hyde | Eminence | J. A. Chilton | Van Buren. |
| Shelby | J. D. Smith | Shelbina | A. M. Wood | Lentner. |
| Stoddard | Edward Moore | Bloomfield | John Ashley | Bloomfield. |
| Sullivan | J. C. Kessinger | Milan | J. S. Montgomery | Milan. |
| Vernon | J. F. Robinson | Nevada | T. McLemore | Nevada. |
| Warren | W. J. Alexander | Marthasville | E. A. Fluesmeier | Wright City. |
| Washington | J. A. Eaton | Belgrade | W. S. Smith | Belgrade. |
| Wayne | J. P. Sebastain | Patterson | H. J. Owens | Mill Spring. |
| Webster | H. Highfill | Marshfield | Wm. R. Beatie | Marshfield. |
| Worth | W. A. Robertson | Denver | J. K. Phipps | Grant City. |